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AUTHOR	Philippi, Jorie W.
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ABSTRACT

The Professional Development Program (PDP) of Rockefeller College of the State University of New York, in partnership with the Eddy/Northeast Health of Troy, New York, conducted a 3-year demonstration project to provide and foster institutionalization of a functionally contextual workplace literacy curriculum and training program to upgrade the basic skills of paraprofessional health care workers in geriatric institutions. Data collected during extensive onsite investigations and job analyses were used to develop a three-stage workplace literacy intervention consisting of the following: learning strategies workshop; 17-hour program devoted to easing into the job of certified nursing assistant; and 20-hour program devoted to new directions in customer service. In all, 1,452 trainees and employees of Eddy/Northeast Health participated in the program. An external evaluator, Performance Plus Learning Consultants, Inc. (PPLC), was hired to evaluate the demonstration program's effectiveness. The PDP-Eddy/Northeast Health workplace literacy program model for eldercare workers was determined to be effective for the project's specific context, and its instructional design and materials were deemed transportable across the industry. (Appendixes constituting approximately two-thirds of the document contain pre- and postassessment data; PPLC and PDP/Eddy data collection instruments; and U.S. Department of Education data collection instruments.) (MN)

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ED 426 266

The Eddy/Northeast Health and Rockefeller College, University at Albany/SUNY

ESSENTIAL SKILLS FOR THE CARE TEAM

A US Department of Education
National Workplace Literacy Demonstration Project

External Evaluation
Final Report

Prepared by

Jorie W. Philippi
Performance Plus Learning Consultants, Inc.
Rockport, WV

May, 1998

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Introduction

Background –

The Professional Development Program of Rockefeller College, University at Albany, State University of New York (PDP), in partnership with The Eddy/Northeast Health of Troy, New York, was funded initially by a 36-month grant award from the U.S. Department of Education National Workplace Literacy Program to provide and foster institutionalization of a functionally contextual workplace literacy curriculum and training program to up-grade the basic skills of health care workers in geriatric institutions. The program operated as a national workplace literacy demonstration project from January, 1995 through April 30, 1998 including a four-month no-cost extension. The purpose of the demonstration was to determine the effectiveness of the partners' proposed workplace applications of basic skills training model.

The need for this project grew from a recognition by The Eddy and the PDP at Rockefeller College of the changing needs in the health care workforce, especially in the area of certified nursing assistants and home health care aides. The Eddy/Northeast Health operates geriatric facilities and home heath care services across upper New York State. According to published materials available at the onset of the demonstration project, the Eddy was comprised of 14 affiliated organizations, employing approximately 1300 employees and serving over 12,700 persons each year. The Eddy consisted of rehabilitation facilities, senior day care facilities, assisted living residences, nursing homes, and visiting health care aide services. Following a merger with Northeast Health in 1996, the organization added hospitals and additional patient services.

The paraprofessional employees at each of these facilities and organizations who are responsible for direct care of residents and patients, are required to demonstrate mastery of high-level literacy skills in their on-the-job performance--very often at an expert level--immediately upon completion of new-hire training programs. As noted in the proposal for funding (March, 1994):

> In developing a patient's or resident's Care Plan, Care Planning Meetings are held. The plans are designed to be carried out by a team of workers, of which the Certified Nursing Aide or the Home Health

> Care Aide is the critical member, depending on whether the client is in a home or institutional setting....The ability to read and understand the Care Plan, and all related documents and information, is an important part of both the Certified Nurses Aide and Home Health Aide jobs. These employees need to be able to make daily, even hourly, decisions that operate to accomplish the plan, and to solve both simple and complex problems that confront them as barriers to accomplishment of plan elements. In performing their primary job duties of providing for the daily personal care needed by the elderly resident or patient—walking, bathing, dressing, meal preparation, food shopping, light housekeeping, etc.—the Nurse Aide and Home Health Aide interact closely with the patients and residents. The need for strong interpersonal skills and exceptional skill in listening and speaking, is vital to successful job performance. The Aide must be able to develop a relationship with the elderly patient or resident, understand his or her problems and needs, provide needed direction and assistance, and work closely with nursing and management staff to ensure that the provisions of the Care Plan are carried out consistently and adequately In addition the role of observation is significant; it is the Nurse Aide and Home Health Aide who observe the patients and residents on a daily basis, and who are most able to observe normal behavior and the variations from that behavior, which may be early signs of dementia, Alzheimer's, and other diseases of the elderly that forecast a need for change in Care Plans and daily job tasks. And, ultimately, the need for Aides to document and provide appropriate oral reporting on both task accomplishment, and on daily routine and behavior of the patient or resident, is a necessary literacy requirement of the workplace, not only to ensure quality and consistency of care but also to respond to the highly regulatory nature of the workplace....
>
> In addition, Aides must be able to learn in a classroom environment as well as on the job, and must translate what has been learned into appropriate workplace behavior. A requirement for employment is successful completion of an initial training period. It is projected by The Eddy's training staff that the high attrition rate of new employees may be a result, in part, of the literacy requirements of the training programs....
>
> The implementation of Continuous Quality Improvement, The Eddy's effort to implement total quality management, is creating a changing workplace environment that is increasing the skill requirements of both the Nurse Aides and Home Health Aides....The requirement for these staff members to be participatory players in problem solving and decision making, at a much higher level than was expected of them before CQI, has implications for their literacy levels....
>
> ....the literacy requirements of the jobs that the Certified Nurse Aides and the Home Health Aides perform...are as follows:
> *Reading*: Both CNAs and Home Health Aides are required to read regulations, directives, doctors' orders, care plans, nutritional information, newsletters, and all other documents and texts that provide information about the care of the elderly, as well as the specific Care Plan of each patient or resident. They must understand and be

> accountable for information communicated in written form, regarding the Care Plan.
>
> _Writing_: Both CNAs and Home Health Aides must be able to communicate clearly in writing and document their observations in written form. The highly regulatory nature of the workplace requires the recording and documenting of both patient and resident behavior and accomplishment of elements of the Care Plan. The log entry is the primary means of documenting task accomplishment.
>
> _Oral Communication and Interpersonal Skills_: Both CNAs and Home Health Aides must communicate and interact with the elderly patients and residents in their care, with supervisors, [with family members], and with other members of the Care Plan team. These skills are especially important for the Home Health Aide, who relies primarily on oral communication to fill the gaps that are created as a result of the isolation of the home care environment, as opposed to the institutional environment in which CNAs operate. It is through effective listening and speaking that the Aide develops and maintains the relationship with the elderly patient or resident, which is the foundation of successful job accomplishment. Listening and speaking with the hearing impaired, and those with other perceptual or cognitive impairments, is a set of special oral communication and interpersonal skills that needs to be addressed.
>
> _Observation_: CNAs and Home Health Aides must recognize signs of dementia, phobia, and other illnesses of the elderly. The Aides are the daily source of information regarding the patient or resident, and observation of behavior is their primary source.
>
> _Problem Solving and Decision Making_: In their day-to-day job accomplishment, Aides are called upon to solve problems of daily living and to make decisions regarding the personal care of patients and residents. They are called upon to make decisions about medical equipment use, to assess what patients can and cannot do, and to make appropriate decisions about daily activity limits. They must identify unusual events and behaviors, and know when and when not to call for help. They must be good managers of crisis situations, often confronting the diminishing capabilities of the patients and residents with sensitivity, but also with firm decision making. Often in the case of CNAs, and almost always in the case of Home Health Aides, these processes are accomplished independently with no supervisory intervention.
>
> _Math_: Among their math-related tasks, the Aides are asked to assist patients or residents in money management and balancing of check books; they identify medicine amounts; they must be effective time managers; and they may need to weigh and measure foods.
>
> _Independent Learning_: Both the CNAs and the Home Health Aides go through an initial job skills training. The success or lack of success that the Aide experiences in training is critical to the institution's decision in determining whether or not to employ the individual upon completion of training. The training is text dependent and requires a high level of personal motivation. Once the initial training is accomplished, periodic in-service training is provided to the Aides, often through independent learning modalities, such as videotape. Application of learning to job performance is also an expectation.
>
> --[*Proposal*, pp. 6-10]

As noted above, the accuracy, objectivity, and completeness of care and record keeping in compliance with agency regulations is critical because it directly affects the lives of patients, residents and their families, and may be subject to scrutiny as part of legal proceedings. Additionally, stress factors incurred by new hires often lead to high rates of turn-over. Consequently, workplace literacy is perceived as an important addition to the Eddy's new-hire certification and training programs, as well as an enhancement to training for experienced employees, because all employees, new and experienced alike, must be ready to document and communicate observations of resident behavior, solve problems and work together as valued members of health care teams.

In order to become a Certified Nursing Assistant (CNA) or Home Health Care Aide (HHA), a candidate must attend training and become certified. Existing new-hire training courses offered by the Eddy required 10 days training for HHAs and 100 hours of training for CNAs. The training contained the following areas of study: introduction to the role of Certified Nursing Assistants or Home Health Care Aides in the health care system; patient care; and medical terminology. Because such technical training-specific courses and traditional education often do not give workers a broad-based knowledge of team communication, problem solving, critical thinking, and learning-how-to-learn concepts and competencies, The Eddy and the PDP determined the need for training sessions that would provide The Eddy new hires and incumbent workforce with workplace learning strategies, communication and problem-solving skills that are transferable and adaptable to their sensitive work environment.

Prior to applying for this U.S. Department of Education National Workplace Literacy Demonstration Project grant, The Eddy had begun discussions with the PDP of Rockefeller College to foster the sharing of information and to clearly define health care employee needs (see above) and agency responses. These careful explorations to define needs and possibilities resulted in the partnering of The Eddy and the PDP to apply for federal grant monies for provision of on-site customized workplace basic skills training programs to accompany Eddy training. Administrators representing The Eddy's Human Resource Department and training activities met with PDP staff to ensure that the customized programs would directly relate to the competencies needed for their training courses and responded to the needs of the targeted new-hire and incumbent worker participants. To this end, the education/health organization partnership members were committed to gathering additional data for performing a "front-end analysis" in order to assess the applied basic skills needs of targeted Certified Nursing Assistant and Home Health Aide trainees and employee-participants. They also determined program goals, scope of Eddy health care related content areas, length of sessions, schedules, recruitment, piloting, and implementation plans. This cooperative relationship continued throughout the funding cycle.

The developers of the *Essential Skills for the Care Team* program, the PDP faculty members and project special hires that comprised a professional staff of curriculum consultants and professors with numerous advanced degrees and many years of experience in writing and teaching, then custom-designed, created, and delivered program pilots for *Learning Strategies* and Tier I courses (*Easing into the Job*), along with co-authoring Tier II courses (*New Directions in Customer Service*) with Eddy/Northeast Health trainers. Complete participant assessment procedures and strong, functionally contextual workplace applied basic skills training programs were subsequently implemented and refined during the grant period. The Research Foundation of State University of New York, as grant fiscal manager, contracted with Performance Plus Learning Consultants, Inc. (PPLC) to serve as a third-party evaluator throughout the project.

Purpose of the Evaluation: The Research Foundation of State University of New York, on behalf of the PDP of Rockefeller College has requested this third-party evaluation of their U.S. Department of Education National Workplace Literacy Demonstration Project to assess: 1.), the extent to which the project's goals and objectives have been accomplished; and, 2.), the extent to which program development, implementation, expansion, and institutionalization proceeded as planned. Specifically, the evaluation objectives to be investigated, based on the project goals and objectives published in the proposal for funding (*Proposal*, pp. 35-37), were:

- on-going identification of the program's strengths and areas still needing any improvement throughout the life of the project;

- evidence indicating development and demonstration of a workplace literacy program model for eldercare workers that is both effective for the specific context of the project, and transportable across the industry, including instructional design and materials by:

  -conducting a thorough workplace literacy task analysis of all targeted job categories across The Eddy and its network of affiliates;

  -producing a 40-hour, two-tier curriculum in workplace literacy skills for Certified Nurse Aides, Home Health Care Aides, and ancillary staff of the Care Plan Team, the housekeeping and custodial workers, and the food service staff, that addresses the results of the task analyses and that will be partially video-based;

  -tailoring the existing 4-hour *Learning Strategies* module to the Nurse Aide and Home Health Aide new hire population to prepare them for their initial job training;

  -developing a 4-hour orientation and instruction program for supervisors of the targeted workers;

  -developing—through the supervisory staff of the targeted categories of workers, through The Eddy's human resource counseling function, through Literacy Volunteers of America of New York State local affiliates, through the establishment of learning resource centers within the physical plant of and its network affiliates, and through a peer "buddy" system—the capacity to provide ongoing support to the targeted workers after their initial training;

  -developing and periodically administering workplace literacy assessment and evaluation measures that will yield quantitative data to examine the effects of instruction;

-producing, through an outside evaluator, an analysis of the overall effectiveness of the proposed program with respect to the immediate target population and the industry within which it is implemented; and,

-making the curriculum design and materials available to the adult literacy field and the eldercare industry through conference presentations, professional gatherings, and various publications.

- evidence of literacy gains among members of the Care Plan Team of The Eddy and its network of affiliates—the Certified Nursing Assistants, the Home Health Care Aides, and the ancillary Housekeeping, Custodial, and Food Service staffs—in order to enable the Assistants/Aides to complete their initial job training, and to enable all staff to perform literacy-related job tasks more effectively to increase job productivity by:

-delivering the 20-hour, Tier 1 curriculum over the three-year period of funding to all new hires in the targeted job categories across the network of affiliates (approximately 750 employees);

-delivering the 20-hour, Tier 2 curriculum over the third year of funding to all veteran staff, including those who received the Tier 1 instruction in the first and second years of funding (approximately 840 employees);

- delivering the revised, customized *Learning Strategies* module to all the new hires during the course of the three-year period of funding through a video-based module;

-developing and administering a workplace literacy skills assessment that will inform instruction and be used as the basis for Individual Education Plans; and,

-designing a process for the development and implementation of the Individualized Education Plan for each new hire, that will incorporate a role for The Eddy's human resource and training functions.

Description of the Project to be Evaluated: The *Essential Skills for the Care Team* program consisted of a workplace literacy training partnership formed between the PDP of Rockefeller College and The Eddy/Northeast Health organization. According to the published description of the program, the design of the project was structured to meet CNAs', HHAs', and other paraprofessional health care staff members' job-specific basic skills application needs in the health care system, through the development of functionally contextual curriculum and training. Extensive on-site investigations and job analysis conducted by project staff resulted in the gathering of Eddy health care team training and job materials and scenarios, as well as observation and in-depth analysis of applied basic skills used in task performance. This information was then used for development of a customized functionally contextual training program and instructional model tailored to meet the various Eddy affiliates' needs in health care services provided across upper New York State. A brief description of the program follows:

The program consisted of three stages of workplace literacy intervention. The initial effort was to revise an existing learning-how-to-learn study skills course (*Learning Strategies*) that had been developed by the PDP under a previous, highly successful US Department of Education National Workplace Literacy Demonstration Project grant (1993-1995). Based on literacy job task analyses conducted at the onset of this grant, the existing course was reworked and customized to assist CNAs and HHAs as they began their initial training. The course was piloted twice, then delivered throughout the grant funding period as three consecutive two-hour sessions, including videotaped segments and individual workbooks. *Learning Strategies* was scheduled for delivery at the beginning of each of the initial Eddy CNA and HHA trainings and housed in the same locations. A total of 70 offerings of *Learning Strategies* were presented by PDP staff, with an average attendance of seven participants.

Tier I, *Easing into the Job*, was developed at the end of the first year of grant funding to support CNAs and HHAs during their first few months on the job. It consisted of five two-hour modules which were delivered during the last two and one half years of funding at three Eddy facilities: The Eddy Cohoes Rehabilitation Center, The Eddy Memorial Geriatric Center, and the Heritage House Nursing Center. The Tier I modules were delivered approximately 15 times each (records indicating a range of 13-20 times) by the PDP staff. Additionally, Tier I modules were customized for delivery to and self-study by Home Health Care Aides. As an alternate medium for delivery, courses also were adapted for electronic delivery on Web TV early in 1998, posted on the PDP web site, and successfully piloted.

Tier II, *New Directions in Customer Service*, was developed during the second year of funding and focused on basic skills and thinking strategies that facilitate implementation of the mission statement and customer service policy adopted by the organization after their merger. Tier II courses were developed by the PDP in conjunction with the Northeast Health/Eddy training staff to encourage system-wide program support and institutionalization as a part of the organizational merger process. Tier II, was introduced by a two-hour orientation/overview, *The Seven Points of Customer Service*, that was jointly presented by the PDP and Eddy/Northeast Health staff to managers and supervisors throughout the system. The six Tier II courses were then delivered as requested in individual facilities as one- to three-hour sessions that included videotape segments. Individual *New Directions in Customer Service* modules delivery frequency varied from one time to thirteen times. Data through April 30, 1997, indicate that 1452 Eddy/Northeast Health trainees and employees (242 CNAs, 446 HHAs, and 764 incumbent employees) participated in the three levels of the program for a total of 4926 contact hours.

Essential Skills for the Care Team focuses on improving oral and written job-related communication, problem solving, decision making, time management, interpersonal skills, and learning how to learn skills as identified in front-end project investigations. It is designed to provide instruction on three levels, broken into modules, that may be delivered in clusters or as individual topics. PLEASE NOTE: Numerous versions of the modules were produced in a variety of formats and with varying titles during the project. The content of those versions of the modules provided to the external evaluator for review is as follows:

- *Learning Strategies*: (3 hours) Facilitator's Guide (43 pp.), videotape (80 minutes), and Activity Pak learner workbook (18 pp.).

  Topics:

  - Getting the Most Out of Your Training
  - Taking Notes
  - Skimming
  - Highlighting
  - Using Questions to Learn
  - Becoming Test Wise
  - Continuing to Be a Smart Learner

  Workplace Skills and Knowledge:

  -Study skills
  -Reading skills
  -Communication skills
  -Writing skills
  -Test-taking skills
  -Self-directed learning skills
  -Employment readiness

  Objectives: Upon completion of course, learners should be able to:

  -Take notes in a classroom lecture;
  -Skim training handouts;
  -Highlight training handouts;
  -Ask questions to get needed information;
  -Take written and skills tests.

  Methods: individual and small group activities, trainer presentations with guided discussions, video presentations, and self-assessment testing.

- *Tier I: Easing into the Job* - Certified Nursing Assistants (17 hours total), Facilitator's Guide, including participant materials for duplication (230 pp.)

  Topics:

  - Understanding Your Assignment Sheet (2 hours)

    Workplace Skills and Knowledge:

    -Developing self-directed learning
    -Reading workplace materials
    -Writing for the workplace
    -Thinking analytically

    Objectives: Upon completion of this module, learners should be able to:

    -Recognize and understand the meaning of abbreviations commonly used at long-term-care worksites;
    -Identify at least two resources available at their worksite for determining the meaning of unfamiliar abbreviations;
    -State and explain the use of specific strategies to learn unfamiliar abbreviations;
    -Write and state the meaning of all abbreviations on an assignment sheet from their worksite;
    -"Translate" abbreviated directions into complete statements about resident care at their worksite.

    Methods: individual and small group activities, trainer presentations with guided discussions.

  - Managing Your Assignment (3 hours)

Workplace Skills and Knowledge:

-Developing self-management
-Reading workplace materials
-Thinking analytically
-Ordering and prioritizing
-Making decisions
-Managing time
-Working in teams

Objectives: Upon completing this module, learners should be able to:

-Analyze personal care tasks in terms of the conditions that affect how they are carried out;
-List the personal care job tasks for one resident in an appropriate order of accomplishment;
-Plan the care for many residents according to an appropriate order, considering the conditions and external factors;
-Identify the need for and the value of prioritizing the assignment.

Methods: individual and small group activities, trainer presentations with guided discussions.

- Knowing and Understanding Your Residents (3 hours)

Workplace Skills and Knowledge:

-Develop self-directed learning
-Build new vocabulary words and their meanings
-Build new medical terminology and their meanings
-Use the dictionary as a resource
-Formulate plans to anticipate resident and unit needs

-Perceive the importance of treating the health care team and residents with respect

-Value the dignity of individual residents and others regardless of cultural, gender, and ethnic diversity

-Recognize and be empathetic to the unique needs and problems of the elderly in a residential setting

-Determine the relative significance of new information that may serve as a catalyst for change in a process, procedure, or general resident care

-Be able to differentiate between "subjective" and "objective" observations

-Determine appropriate nursing assistant actions for the care of the elderly.

Objectives: Upon completion of this module, learners should be able to:

-Recognize the difference between "caring" and being a "care-giver;"

-Enhance sensitivity to the unique needs and situations of the elderly in a residential environment;

-Describe Maslow's Theory and be able to relate it to needs of the elderly;

-List Maslow's five needs;

-Identify two ways the care-taking role can assist the elderly in meeting their needs;

-Distinguish between "objective" and "subjective" observations;

-Demonstrate through group exercise increased knowledge and skills in resident observations that contribute positively or negatively to the safety, security, and quality of patient care;

-Differentiate between "old" and "new" resident observation information;

-Given a role-play to illustrate the situation, demonstrate five "nursing assistant actions" in response to changes associated with the elderly.

Methods: individual and small group activities, trainer presentations with guided discussions.

- Handling Stress on the Floor (3 hours)

Workplace Skills and Knowledge:
-Developing self-directed learning
-Building new vocabulary words and their meanings
-Using the dictionary as a resource
-Analyzing meanings through the use of quotations
-Applying basic logic to analyze stressful workplace situations
-Coping with and reducing stress

Objectives: Upon completion of this module, learners should be able to:
-Identify some positive and negative aspects of their work experience as new nursing assistants;
-Identify potential sources of stress as well as their own specific stressors in the workplace;
-Recognize specific effects that stress has on their own personal and professional behavior;
-Describe and illustrate healthy and unhealthy ways of responding to stress in the workplace;
-Explain and illustrate specific strategies for coping with stress in role-plays, case studies, and assignments taken from the floor and the workplace context;

-List in their professional portfolio at least two new vocabulary words or phrases presented in the module and identify their meanings.

Methods: individual and small group activities, trainer presentations with guided discussions.

- Communicating Effectively on the Floor (6 hours)

Workplace Skills and Knowledge:

-Developing self-directed learning
-Building new vocabulary words and their meanings
-Using the dictionary as a resource
-Analyzing meanings through quotations
-Obtaining and recalling essential information communicated orally by coworkers, supervisors, and residents
-Responding to directions by listening for cue and key words and ideas
-Presenting information clearly and logically in a variety of situations that involve staff, residents, and families of residents
-Requesting help and information by asking appropriate questions
-Interacting positively through verbal and nonverbal communication to the health care team and residents
-Conducting oneself with courtesy and tact in the workplace environment
-Recognizing the importance of communicating a professional image.

Objectives: Upon completion of this module, learners should be able to:

-Identify the three components of basic communication;

-List two purposes of communication on the floor;

-Recognize barriers that adversely affect service delivery to residents and take steps to reduce communication blockers;

-Enhance awareness of how personal behaviors interfere with the communication process on the floor and with residents;

-Demonstrate how to ask effective questions to seek help and information from peers and supervisors;

-Define "open" and "closed" questions;

-Differentiate between hearing and listening;

-Develop skill abilities to listen for "key" and "cue" words for prioritizing tasks in the workplace by listening to a taped shift report;

Recognize the importance of mastering interpersonal skills to enhance professional image;

-Identify the components and improve on one's own professional image through increased skill awareness of verbal and nonverbal messages;

-Distinguish between assertive, aggressive, and passive responses;

-Given case scenarios for analysis and role-play, offer two solutions or techniques to achieve positive outcomes;

-Given case scenarios for analysis and role-play, identify and list at least two positive and two negative elements of the interaction;

-Given case scenarios for study, brainstorm potential strategies to solve communication problems;

-List in one's own professional portfolio a minimum of eight new vocabulary words, medical terms or phrases in the module and identify their meanings.

- *Tier I: Easing into the Job* – Home Health Care Aides (5 hours total), self-study modules (75 pp.)

  Topics:

  - Setting Priorities for Client Care (1 hour)

    Workplace Skills and Knowledge:

    -Self-directed learning
    -Reading workplace materials
    -Critical and analytical thinking
    -Decision making
    -Writing for self and others

  Objectives: Upon completion of this module, learners should be able to:

  -State personal and work goals and objectives;
  -Recognize the importance of choosing between alternatives;
  -Analyze workplace and work-related activities according to importance;
  -Rank activities based on their importance in meeting stated goals/objectives;
  -Recognize when plans need revision and to revise them.

  Methods: individual activities.

- Controlling Time to Complete the Care Plan

  Workplace Skills and Knowledge:

  -Critical thinking
  -Reading/using workplace materials
  -Decision making
  -Self-directed learning

Objectives: Upon completion of this module, learners should be able to :

- -Identify how one's time is used;
- -Use objectives and priorities to control time;
- -Schedule time in a useful way;
- -Identify and correct time wasters;
- -Identify and reduce procrastination and plan for change.

Methods: individual activities.

- Dealing with the Stress of the Home Care Setting

Workplace Skills and Knowledge:

- -Self-directed learning
- -Critical thinking
- -Decision making
- -Writing for self and others

Objectives: Upon completion of this modules, learners should be able to :

- -Identify stressors;
- -Identify stress symptoms;
- -Use a method to reduce stress symptoms;
- -Recognize barriers to change;
- -Conquer procrastination.

Methods: individual activities.

- Following Directions and Map Reading

Workplace Skills and Knowledge:

- -Active listening

-Questioning
-Critical thinking
-Problem solving
-Map reading

Objectives: Upon completion of this module, learners should be able to:
-Ask appropriate questions to get the information they need;
-Draw written conclusions;
-Write out directions;
-Read and understand maps;
Apply strategies to understand directions.

Methods: individual activities.

- Goal Identification and Priority Setting

Workplace Skills and Knowledge:
-Self-directed learning
-Reading workplace materials
-Critical and analytical thinking
-Decision making
-Writing for self and others

Objectives: Upon completion of this module, learners should be able to:
-State client, work, and personal goals;
-Recognize the importance of prioritizing;
-Analyze workplace and work-related tasks according to importance;
-Rank tasks based on their importance in meeting stated goals;
-Recognize when plans need revision and to revise them.

Methods: individual activities.

- *Tier II: New Directions in Customer Service* – (20 hours total) Facilitator's Guide, including participant handouts for duplication, (80 pp.—in 3 modules available for review), videotape (90+ minutes).

  Topics:

  - Calling for Care: The Telephone in Customer Service (1 hour)

    Workplace Skills and Knowledge:

    -Using vocal control
    -Using appropriate language
    -Listening for information and emotion
    -Using questions to solicit and clarify information

  Objectives: Upon completion of this module, learners should be able to:

  -Identify behaviors that have the potential to cause breakdowns in telephone exchanges and customer service in select video scenarios;
  -List the most common guidelines for successful telephone communication;
  -Using the guidelines, offer suggestions for improving the success of telephone communication in select video scenarios;
  -Select and illustrate effective methods for providing internal and external customers with excellent customer service on the telephone using selected case scenarios;
  -Identify the Northeast Health Points of Service affected by telephone communication.

    Methods: trainer presentation with guided discussion, video segment presentations.

  - Taking Responsibility for Conflict (2 hours)

Workplace Skills and Knowledge:

-Thinking analytically

-Listening for key ideas and "trigger" words

-Observing and interpreting nonverbal cues

-Recognizing others' points of view

-Paraphrasing ideas

-Responding to others appropriately

Objectives: Upon completion of this module, learners should be able to:

-Identify current and potential conflict situations at their worksites;

-Identify their own most common styles and strategies for dealing with workplace conflict;

-Differentiate between the "blips," the "clashes," and the "crises;"

-Identify ownership for different conflict situations;

-Identify and use appropriate strategies for resolving conflict better in the work environment, especially the 4-Step Approach;

-Apply the strategies in simulated scenarios and work situations.

Methods: trainer presentation with guided discussion and video tape presentations.

- Dealing with the Stress of Change/ Rx for Stress Management (3 hours)

Workplace Skills and Knowledge:

[*unavailable for review*]

Objectives: Upon completion of this module, learners should be able to:

-Define stress and stressors;

-Identify personal sources of stress in their daily work environment;

-Identify personal behaviors that occur in stressful situations in the workplace;

-Recognize physical manifestations of stress;

-Utilize simple relaxation techniques to control emotional reactions;

-Apply stress reduction techniques to reduce on-the-job stress;

-Recognize that change is a constant in today's health care environment;

-View self as the one in control of how one reacts to stress and change situations;

-Enhance opportunities to view change as a creative and energizing process;

-Develop two coping skills to handle the resistance of change.

Methods: trainer presentation with guided discussion and video tape presentations.

- [*Additional Tier II modules, listed in syllabus, but not made available to external evaluator for review included:* Seven Points of Customer Service (management overview, 2 hours); Conflict Resolution (1 hour); Difficult People: Strategies for Maintaining Your Cool (3 hours); Team Building (3 hours); Cultural Awareness/Diversity (3 hours); Changes in the Health Care Environment (3 hours).]

Staff-developed module print materials were desk-top published and laser printed with careful attention to uniformity of format, layout design, graphics, and high quality reproduction. Additionally, television-quality videotapes and interactive screens for electronic delivery on a home page for Web TV were prepared for use in training activities. Instructor scripts were provided, and revisions were made to each topic or session, based on feedback received.

Method

Design: The evaluation of the Workplace Literacy Demonstration Project of the PDP and Eddy/Northeast Health partnership employed a modified version of the Context-Input-Process-Product (CIPP) model, (Stufflebeam & Guba, 1971). This model has been used to evaluate numerous workplace literacy programs across the country for the past 10 years. It provides feedback for project stakeholders as a formative evaluation; and, data collected can be further analyzed to develop summative reports at the end of specified cycles of program operation. This method of evaluation was chosen by the evaluator as the most suitable tool for investigating the evaluation objectives, (see pp. 7-10), because it examines project effectiveness through structured analysis of the cohesiveness of project goals, components, and operations, independent from comparisons to outside standards or other programs. This premise works well within the emerging field of workplace literacy, as well as with demonstration projects, because of the uniqueness of each individual program that is developed.

The CIPP model was used to analyze:

- Context, *i.e.*, the shared goals and philosophy of key personnel and participants;
- Input, *i.e.*, resources, including personnel, materials, time, and facilities;
- Process, *i.e.*, congruence of program development, operations, and observed instructional delivery with project goals and research on instructional effectiveness; and,
- Product, *i.e.*, indicators of program effectiveness and potential for program expansion and/or replication.

It is important to note that, due to geographical considerations, much of the on-site data collection and project monitoring was conducted by the PDP project staff and reported to the evaluator during site visits or via telephone or written communications from the Project Directors and secretaries. Forms and procedures for use in data collection across sites were developed and revised collaboratively by PPLC, the PDP project staff, and Eddy/Northeast Health Human Resources Vice President and training staff.

Participants: The participants in the project were 1,452 trainees and employees of The Eddy/Northeast Health. Demographic data were made available to the external evaluator for 304 participants on Learning Strategies, Tier I, and Tier II program levels. A brief description of the available composite average participant profile (n - 304) is as follows:

Composite Average Participant Profile

Thirty-six to fifty year old, white female with an education level of 12th grade.

More detailed demographic information about participants is displayed in *Figure 1* below:

Figure 1: Demographic Characteristics of Participants (n = 304)

Age:		**Ethnicity:**		**Gender:**	
16-18 years old	3.0%	White	84.2%	Male	5.3%
19-25 years old	28.6%	Black	11.2%	Female	94.4%
26-35 years old	28.3%	Hispanic	1.0%		
36-50 years old	30.9%	Indian	0.7%		
51-65 years old	8.6%	Other	2.6%		
65 years +	0.3%				

Education Level:

8th	**9th grade**	**10th grade**	**11th grade**	**12th grade**	**GED**
0.7%	1.6%	6.6%	4.3%	38.5%	10.9%

1 year college	**1+ years college**	**Associates Degree**	**Bachelors Degree**	**Masters Degree**
10.9%	13.5%	10.2%	3.0%	0.3%

Instruments: Data for this evaluation were requested and gathered via pre-and post-program participant surveys; structured interviews with participants and supervisors/managers, trainers, administrators, and program personnel; focus groups with supervisors; and, formally-documented observations of instructional sessions and instructor training. Additionally, data were gathered from detailed analysis by the evaluator of program documentation, instructional materials, and participants' work (*i.e.*, pre-and post-assessment scores and participants' records).

Procedure: Following initial telephone and in-person conversations with the original and current Project Director to establish evaluation objectives, the evaluator conducted the activities listed below. Eleven site visits were made during the funding period:

- March 14-15, 1995;
- May 23-24, 1995;
- February 29-March 1, 1996;
- July 31-August 1, 1996;
- November 18, 1996;
- February 6, 1997;
- April 15-16, 1997;
- June 10-11, 1997;
- September 3, 1997;
- November 12-14, 1997; and
- January 20-22, 1998.

Additionally, US Department of Education meetings for project orientation and discussion were attended on October 18-20, 1994; April 29-30, 1996; April 28-30, 1997.

1. Development of Evaluation Data Collection Instruments:

- Forms reviewed and modified for Participant Pre- and Post-Program Surveys, Instructor Interview, Participant Individual or Focus Group Interview, Classroom Observation, Trainer/Administrator Interview, and Program Administrator Interview.

- Forms created for Performance Indicator Rating Scales with The Eddy/ Northeast Health supervisors and managers across shifts at the three facilities in which training was delivered.

2. On-site consultation with Project Directors, Curriculum Developers, and PDP training staff; and The Eddy/Northeast Health HR Vice President, Training Coordinator and staff, concerning on-going instructional curriculum and assessment instrument development.

3. On-site interviews with project and training managers, supervisors, trainers, and participants.

4. On-site observations of learning activities during various cycles of instruction.

5. Off-site analysis of materials and data collected from site.
6. Communications and Operations:
   - Contract throughout grant period with project via telephone conversations with Project Directors, Christine Katchmar and Dorothy Negri, and Rockefeller College administrators, Eugene Monaco, Christina Mahoney, and Diane Tesiny to discuss project goals, progress, evaluation activities, and preliminary findings.

   - Interim Evaluation Reports submitted to Project Director, May 1996, March 1997, and October 1997.

   - Final Evaluation Report, submitted to Project Director, May, 1998.

Results

Project Context:

To what extent are goals and philosophy of the project shared by key project personnel and participants?

This section of the evaluation is a comparison of the project goals and priorities as reported in project descriptions and interviews with key project personnel, including:

- project director;
- business partners from The Eddy/Northeast Health
- project curriculum developers/ instructor trainers;
- managers, administrators, and trainers from The Eddy;
- CNA and HHA supervisors from The Eddy; and,
- participants.

These viewpoints about project goals were analyzed for consensus and divergence, using the following probes as guidelines for data collection and interview questions:

1. How have the goals of program instruction been defined?
2. Is there a clear written statement to which all participants, instructors, and key program personnel subscribe?
3. What beliefs about workplace literacy are promoted by the program?
4. Are those beliefs documented and accepted by those who are a part of the program?
5. Are those beliefs supported by current theory and research?
6. Is there a clear statement of program objectives that delineates how instruction is to occur at different phases of the workplace literacy program?
7. Is the workplace literacy program, as defined, compatible with the needs and characteristics of the participants and of the company it serves?

1. *How have the goals of program instruction been defined?*

The published project goals and purposes are contained in the grant proposal submitted to the U.S. Department of Education. Office of Vocational and Adult Education. They were developed cooperatively following communication between the PDP and The Eddy, prior to applying for the grant monies. Stated goals in the proposal were:

Goals:

- to develop and demonstrate a workplace literacy program model for eldercare workers that is both effective for the specific context of the project, and transportable across the industry, including instructional design and materials; and,
- to produce literacy gains among members of the Care Plan Team of The Eddy and its network of affiliates—the Certified Nurse Aides, the Home Health Care Aides, and the ancillary Housekeeping, Custodial, and Food Service staffs—in order to enable the Aides to complete the initial job training, and to enable all staff to perform literacy-related job tasks more effectively to increase job productivity.

Specific Objectives:

- to conduct a thorough workplace literacy task analysis of all targeted job categories across The Eddy and its network of affiliates;
- to produce a 40-hour, two-tier curriculum in workplace literacy skills for Certified Nurse Aides, Home Health Care Aides, and ancillary staff of the Care Plan Team, the housekeeping and custodial workers, and the food service staff, that addresses the results of the task analyses and that will be partially video-based;
- to deliver the 20-hour, Tier 1 curriculum over the three-year period of funding to all new hires in the targeted job categories across the network of affiliates (approximately 750 employees);

- to deliver the 20-hour, Tier 2 curriculum over the third year of funding to all veteran staff, including those who received the Tier 1 instruction in the first and second years of funding (approximately 840 employees);

- to tailor the existing 4-hour *Learning Strategies* module to the Nurse Aide and Home Health Aide new hire population to prepare them for their initial job training, and to deliver this module to all the new hires during the course of the three-year period of funding through a video-based module;

- to develop and administer a workplace literacy skills assessment that will inform instruction and be used as the basis for Individual Education Plans;

- to design a process for the development and implementation of the Individualized Education Plan for each new hire, that will incorporate a role for The Eddy's human resource and training functions;

- to develop a 4-hour orientation and instruction program for supervisors of the targeted workers;

- to develop—through the supervisory staff of the targeted categories of workers, through The Eddy's human resource counseling function, through Literacy Volunteers of America of New York State local affiliates, through the establishment of learning resource centers within the physical plant of and its network affiliates, and through a peer "buddy" system—the capacity to provide ongoing support to the targeted workers after their initial training;

- to develop and periodically administer workplace literacy assessment and evaluation measures that will yield quantitative data to examine the effects of instruction;

- to produce, through an outside evaluator, an analysis of the overall effectiveness of the proposed program with respect to the immediate target population and the industry within which it is implemented;

- to make the curriculum design and materials available to the adult literacy field and the eldercare industry through conference presentations, professional gatherings, and various publications.

PPLC conducted structured interviews with key program personnel to gather goal statements. The following program personnel were interviewed:

- Dr. Eugene Monaco, Rockefeller College
- Christine Katchmar, Christina Mahoney, and Dorothy Negri, Project Directors, Rockefeller College
- Barbara McCandless, HRD Director, The Eddy
- Project Curriculum Specialists
- Project Instructors
- Project Administrative Assistants
- Managers, The Eddy
- Project Participants

In interviews with key project personnel during the first year of project operations, the respondents provided answers that indicated complete concurrence and support for all project goals and for implementation of those specific objectives related to project operation activities. During the course of the project, the project experienced turnover of the Project Director, the Curriculum Developers, the Project Instructors, and a merger of The Eddy with another health care organization, Northeast Health. These changes resulted in subtle differences in the focus of the goals and objectives for curriculum content, delivery, and purpose.

2. *Is there a clear written statement to which all participants, instructors, and key program personnel subscribe?* The published goals of the project listed in the program proposal serve this function. Initial interviews with key program personnel evidenced that they subscribed to these goals. As the project went forward, several of its specific objectives needed to be revisited and revised, due to changes in organizational structure and training policies.

3. *What beliefs about workplace literacy are promoted by the program?* Based upon the published goal statements and the responses of key project personnel, there is evidence that the following beliefs about workplace literacy were being promoted by the program:

    - program should meet needs identified by employer and employees
    - use of a functional context approach in development of instruction
    - outcomes measured as impact on job performance and identified job needs

4. *Are those beliefs documented and accepted by those who are a part of the program?* Based on documentation and observation of program activities, there is evidence that the program beliefs listed under question 3. Above are accepted by those who are a part of the program staff. Additional data was collected throughout the program to determine participant beliefs and their acceptance of program beliefs. Fewer than 3% of all participants felt that the program had NOT helped them work toward personal goals and objectives and 99% reported that they would recommend the program to coworkers or staff. (Please see Product topic in this section for a more detailed description.)

5. *Are those beliefs supported by current theory and research?* The program beliefs are supported by current cognitive psychology and learning theories and research, indicating that transfer of learning from training situations to job performance is greatest when training context most nearly matches that of actual job situations. This program uses the results of literacy task analyses as the context in which targeted skills for instruction are embedded, thereby allowing participants to experience skill learning and practice in job context, and thus promote greatest impact of training on subsequent job performance.

    The program content and instructional objectives initially stemmed directly from information gathered from past trainees and from EDDY staff. The performance indicators identified by EDDY staff with assistance from PPLC during the first year, and used as guidelines for analyzing responses to post-program questionnaires and structured interview questions, indicated upon analysis that the instruction produced for use during year one of the project (in *Learning Strategies* and *Easing into the Job* courses) was directly related to those cognitive strategies and skills necessary for performance of critical job tasks.

6. *Is there a clear statement of program objectives that delineates how instruction is to occur at different phases of the workplace literacy program?* Program instructions delineating how instruction is to occur at different phases of the project were clearly outlined in the project proposal, with steps, activities, and objectives listed for each year of planned program operations.

7. *Is the workplace literacy program, as defined, compatible with the needs and characteristics of the participants and of the company it serves?* The goal statements collected from company personnel and the information gathered from focus group sessions held with company employees at the onset of project operations are reflected in the curriculum materials that were developed. Company reactions to these programs were very positive and indicate acceptance and approval of both the content and format of instructional materials in correspondence with company program goals. Tier II curriculum, *New Directions in Customer Service*, was developed in direct response to The Eddy/Northeast Health's need for system-wide consistency in training at all affiliates following their merger. The translation of Tier I modules for delivery on the Internet via Web TV was also in response to The Eddy/Northeast Health's request for more flexible delivery of training, especially for Home Health Care Aides.

Project curriculum developers and trainers were interviewed individually during one or more of the site visits throughout the entire demonstration period. The goals expressed during project start-up and the first year of project operations centered around providing CNAs and HHAs with tools that would enable them to gain competence in critical tasks required for job performance and job retention. One developer commented on the importance of having an impact on participants' self-perceptions. Another mentioned providing motivation toward life-time learning and empowering participants through skill acquisition and/or mastery to better cope with their job responsibilities. After the first year of operations, project development and training staff experienced turnover, which resulted in some movement away from the original instructional design that closely adhered to teaching those human information processing strategies that had been identified during the job literacy task analyses that had been conducted at the onset of the project. When interviewed, replacement curriculum developers and trainers frequently commented on the importance of teaching the content of the job and *what* to do, rather than the previous instructional emphasis on the mental steps involved in *how* to do.

Eddy Supervisors of CNAs and HHAs were interviewed in focus groups at the Eddy Cohoes Rehabilitation Center, the Eddy Memorial Geriatric Center, and the Heritage House Nursing Center facilities during the May, 1995 site visits. Each group identified new-hire CNA or HHA attributes and specific observable behaviors that could serve as performance indicators for measuring the impact of the project training on job performance. The six supervisors who participated in the Heritage House focus group suggested the following attributes as those of highly competent health care aides:

- being organized
- being able to think of what to do
- displaying respectfulness
- communicating well
- showing empathy
- being consistent and dependable
- displaying flexibility
- having a positive attitude
- taking pride in work
-

For each attribute, the supervisors then identified specific behaviors to create "snapshots" of highly competent and less than competent aides, to create lists with which aides could be compared and rated before and after training with the *Essential Skills for the Care Team* workplace literacy program. The observable behaviors they selected for the attribute of Being Organized are listed on the next page as an example:

Highly Competent CNAs	Less than Competent CNAs
• Has everything needed before starting task. • Completes routine in timely manner. • Works at good, steady pace, not rushing around. • Gets to all the residents. • Makes self available to help coworkers whenever he/she is needed to assist. • Reacts quickly to changes; able to prioritize tasks in new order to accommodate changes. • Has resident ready for programs and meals • Initiates checks with nurses for daily goings on, changes in schedule, etc. • Demonstrates ability to organize all the multiple pieces of his/her job—meal times, resident treatments, showers, beauty parlor appointments, family visits, etc.	• Leaves tasks half completed at end of shift. • Makes comment, "I'll have to do that later." • Repeatedly runs back and forth all over the floor to get items needed to complete routine tasks. • Usually has assigned residents unwashed or not dressed when it is time to go to appointments or meals. • Appears in a state of chaos all of the time, e.g., runs to RN all of the time saying, "Oh, my God—I'll never get done, never get my break. • Always appears frazzled, disheveled, with unironed uniform, making 20 trips instead of 5, etc.

Ten other CNA supervisors participated in the focus groups at the Eddy Cohoes Rehabilitation Center and the Eddy Memorial Geriatric Center during day and night shifts. They identified the following attributes as those of a highly competent aides:

- communicating honestly and directly
- displaying politeness
- being cheerful and happy in work
- being patient-oriented
- following directions consistently and reliably
- asking appropriate questions
- taking initiative when knowing things need to be done
- following through on minor issues
- recognizing needs
- making suggestions based upon past experience
- assuming leadership among peers
- working through the "chain of command"
- being responsible
- going one step further than what is expected
- having general concern for patient well-being
- being a team player

The attributes listed each represent health care aide qualities commonly valued by The Eddy supervisors. The lists each group generated were then compared with the *Essential Skills for the Care Team* curriculum to determine which performance indicators the supervisors listed as goals for aide behaviors on the job correlated with those of the training program. Although not necessarily taught directly during program instruction, the basic skills applications that were taught are, in fact, imbedded in the competent performance of the behaviors that demonstrate the attributes. For this reason, the performance indicators listed by the Eddy supervisors are valid measures of the transfer of learning from program instruction to job performance. Copies of the instruments developed are contained in the Appendices.

Goals of training participants were collected in individual interviews during site visits and on pre-program and post-program surveys administered by project staff for each Tier II training session conducted. On pre-program surveys, participants responded to the question, *"What do you expect to gain from this training?"* A sampling of the responses from the survey used for the *New Directions in Customer Service* Telephone module, *Calling for Care*, are listed below. The responses include a range of participant expectations for the course. For a complete list of responses and comparisons by participant to post-course survey responses detailing what each respondent felt they actually gained from the training, please see the Appendices.

Participant Goals for *Essential Skills for the Care Team* Training **Tier II:** *New Directions in Customer Service—Calling for Care (Telephone module)*
How to handle a rude patient, customer, etc. and what and how to approach them.
How to stay cool—better communication skills
New ways to handle difficult clients and ways to deflate angry clients and people
Answering phone and taking messages so everyone understands request.
Proper telephone skills regarding our department
Phone etiquette
Proper telephone techniques
How to maintain the telephone for calling for care on it
How to properly answer the phone in different situations.
I like doing nursing aide, doing the care, looking out for people, giving good care.
How to call for help on the telephone
Getting along with coworkers, customers, people in general: communications.
Don't know

How to answer the phone properly
Good attitude
How to handle others
How to deal with people and working together
Politeness
Everything
How to handle conversations in regarding your job service at the facility you work at and being patient
Better cash register skills
I don't speak English and don't use the phones.
How to answer phone properly
How to answer the phone in the right manner
How to answer the phone correctly
I have no idea ??????
How to answer and be assertive on the phone; why and how to take your job seriously; Be polite, even when you are pissed; Don't jump to blame something on one specific person. Stay calm, even when people are assholes.
Customer service skills for telephone
The use of telephone skills for customer service
Telephone etiquette
Don't know
Phone skills
How to answer the phone properly for a business
How to answer the phone properly and communicate
Don't know
Appropriate responses and mannerisms of conduct when conversing over the phone or whenever phone usage is required
I am willing to learn anything new.
Everything that I do on my job has to do with people that I work around. Also my work duties are answering phone
I expect to review telephone customer service and how [facility name] would like us to answer the phone.
How to deal with angry customers; how to help them calm down and end up assisting them
How to "handle" and upset person who calls back after receiving wrong information from a previously made call. How can I reassure them and guide them to the correct information and contact person while easing their frustration.
How to effectively communicate with aggravated customers over the telephone; how to stay friendly and avoid retaliations
How to stay in control and remain professional during a heated conversation with an angry customer.
To learn to react and deal with situations on hand, when the patient becomes angry or combative, to deal with the "difficult" people.
How to answer the phone politely; give and receive information quickly and accurately
To learn how [facility] expects me to answer the phone and approaches to use in dealing with situations to do this in a timely manner.
Self esteem conversations over telephone; being polite, giving your name, position and what your need or wants are. Having a good attitude over the air waves
How to communicate with the telephone services; to answer the phone properly and to understand how the phone system works
Telephone answering—properly; Dealing with angry customer or family member.
Making phone calls with pleasant voice and good attitude

How to deal with behaviors
How to deal with angry customers
How to handle interactions with customers so as to prevent interactions from getting "hot"; how to project the best professional image for the organization
Good customer service
How to effectively deal with angry customer: best response to use; things that won't work
To give better knowledge on dealing with customers and their anger, and to be able to deal with all situations regarding customers
Working with our clients
Agency specific protocol
I expect to learn more about communicating better and I would also like to further my education with the telephones by asking more questions
How to effectively deal with unhappy clients
Better and proper way to deal with certain customers
How to handle people and problems
Telephone service skills
How to deal with a customer that is upset or unsatisfied
To see how other people react to phone conflict
How to better serve customers on the phone; how to deal with problem callers
How to handle abusive callers and project good telephone manners in all situations
How to ask about particular residents care; learn to direct efficiently.
I expect to learn proper phone etiquette and how to handle "problem cases"
To learn a more efficient way of answering the phone; learning techniques for phone services
How to handle a rude patient, customer, etc. & what and how to approach them
Phone readiness for customer support; how to stay calm with an angry customer; how to diffuse a situation.
Hopefully how to handle and deal with all customers—how to deal with them in a professional manner—no mater how angry they get
How to help callers not go through 3-4 people before reaching the right party; I like reviewing.
How to effectively handle an angry customer
I hope to review techniques on how to handle the stressful calls that may be received from angry patients (what to say or not say)
How to handle difficult customers who won't hang up
How to deal with angry people or frustrated people on the phone or in person. How to get better results from your conversations.
How to better handle customers who call and are upset about their bills.
How to deal with people over the phone
Expect to learn how to deal more effectively with difficult people on the phone
Techniques as to the best way to handle upset customers
How to defuse a problem to get the patient or person to explain their problem so that I can quickly get them to the proper person to help them. There is always room for improvement; Not every person can handle the same.
Strategies to defuse "angry" customer situations; ways to seek resolution that makes all customers feel like a winner; insight into "whys"—who do customers become angry—prevention of "root" causes for customer anger will decrease # of angry customers and give employees a knowledge base

PPLC collected and analyzed goal statements from the project director, managers, trainers, curriculum developers, supervisors, and participants. For a discussion of areas of convergence and divergence, please see the evaluation section, "Summary of Results," under Discussion. PPLC next investigated the input of resources to the project, which is addressed in the next section of the evaluation.

Project Input:

What resources were available to the project during development and implementation and to what extent were they used effectively?

This section of the evaluation addresses major resources of the project. It includes program instructional materials, design and appropriateness for the targeted participant population; key personnel qualifications and the match between published project duties; and facilities. It also examines the content and processes used for instructor training. The data presented in this section were analyzed for strengths and weaknesses, using the following probes to guide the investigation interview questions and data collection:

1. Are the workplace literacy program materials consistent with its stated philosophy and goals?
2. Are adequate materials available for all phases of the workplace literacy program?
3. Do the workplace literacy materials and instructional techniques accommodate the literacy levels of the program participants?
4. Are instructors adequately trained to implement all phases of the workplace literacy program?
5. Are effective support services readily available to participants who need them?
6. Is the learning facility planned and equipped to support the workplace literacy program?
7. Is the workplace literacy program record-keeping system complete, simple, and efficient?

1. *Are the workplace literacy program materials consistent with its stated philosophy and goals?* The instructional materials for *Learning Strategies* and Tier I, *Easing into the Job*, were designed for use with the *Essential Skills for the Care Team* program after developers conducted extensive literacy task analyses of CNA and HHA training tasks and new hire job tasks at the beginning of the funding period and during year one. The three curriculum developers from PDP toured each of The Eddy facilities, interviewed supervisory and administrative personnel, and interviewed and observed

CNAs and HHAs as they performed job tasks. A total of 116 hours was spent in literacy task analysis on site at various Eddy facilities and an additional 136.5 hours in information gathering with Eddy staff and workers. The developers also collected job materials used by CNAs and HHAs and carefully reviewed existing training materials for both groups. In addition, the developers attended Eddy training courses on presented by The Eddy training staff. Sample documentation of the literacy task analysis was made available and program developers spoke knowledgeably about the procedures they had used for interviewing and observing CNAs and HHAs, supervisory and managerial personnel, and Eddy CNA and HHA trainers. They also explained in detail their methodology for analyzing materials to determine basic skills applications used in CNA and HHA job task performance.

Based on discussions with CNA and HHA certification and orientation trainers and managers, The Eddy Director for Human Resources, and the first Project Director, the choice of basic skills applications contained in instructional content and objectives in *Learning Strategies* and *Easing into the Job* was that identified as necessary to support participants' performance of targeted job tasks and procedures.

Review of the curriculum at all three levels of instruction revealed numerous job scenarios and examples taken from CNA and HHA certification training and workplace situations that corresponded with the objectives of existing Eddy training for these job groupings of new hires. Instructional materials and the workplace examples they contained were reproduced at a high level of quality and were up to date. The workplace materials, such as assignment sheets and policies, were selected to be representative formats with a high degree of similarity (in information contained or requested) to those used at the health facilities. Because the CNA and HHA job materials are a "given" at any facility or agency, they were not analyzed for reading difficulty (grade) levels. Rather, the developers chose to provide instruction in *Learning Strategies* and the first two modules of *Easing into the Job* in the cognitive strategies that enable applying basic skills to operations with specific formats for certain functions, (*i.e.*, translating medical abbreviations or prioritizing multiple tasks by time order and recognizing cause-effect relationships). This functionally contextual approach enabled participants to validate and build on prior experiences while focusing on improvement of transferable cognitive strategies. This allowed trainees and new hires to apply basic skills application processes to appropriate job tasks through *schema*, or experiential memory classification and recall.

Results of the analysis of Tier I *Easing into the Job* modules three through six and the Tier II *New Directions for Customer Service* curriculum indicated that there was a marked decreased emphasis on providing instruction in the cognitive processes utilized by competent employees to apply basic skills to the performance of workplace tasks. The focus of these modules, based on examination of learning objectives and content of instruction, centered on technical content of the job and/or current industry "pop-training" in soft-skill topics. For example, sample learning objectives for module two of *Easing into the Job*, "Understanding Your Assignment Sheet," are as follows:

- Recognize and understand the meaning of abbreviations commonly used at long-term-care work sites;
- State and explain the use of specific strategies to learn unfamiliar abbreviations;
- "Translate" abbreviated directions into complete statements about resident care at the worksite.

These objectives of outcomes directly refer to mental strategies to be learned by the participant to use when applying basic skills (*e.g.*, using context clues in listening and reading unfamiliar—medical—terms and abbreviations) to workplace tasks (*e.g.*, reading the daily assignment sheet containing directions for patient care).

In contrast, sample learning objectives for module three of Tier II *New Directions in Customer Service*, "Taking Responsibility for Conflict," are as follows:

- Differentiate between the "blips," the "clashes," and the "crises;"
- Identify ownership for different conflict situations;
- Identify and use appropriate strategies for resolving conflict better in the work environment, especially the 4 - Step Approach.

These objectives of outcomes directly refer to knowledge-based information, or the *what*, rather than to cognitive strategies in which learners acquire the *how*, or mental processing, that enables application and transfer of basic skills to performance.

The series of workplace vignettes on videotape, utilized in *Learning Strategies* and in Tier II *New Directions in Customer Service*, were of high quality. Numerous revisions after draft piloting, ensured that the vignettes accurately depicted the workplace environment and example tasks. Many of the vignettes displayed problematic task performance followed by correct task performance with over-voicing and captions that encouraged participants to respond to representative common workplace situations and identify those areas in which individual participants needed to focus their improvement efforts. Due to training time constraints, *Learning Strategies* and Tier II *New Directions in Customer Service* used reflective self-appraisal as a means for measuring participant gains. Tier I *Easing into the Job* modules utilized identical knowledge-based pre-tests and post-tests to measure participant gains.

2. *Are adequate materials available for all phases of the workplace literacy program?* Materials have been developed for all three phases of project. The videotapes and materials for *Learning Strategies* and *Easing into the Job* appeared to be adequate and appropriately designed in the areas of time, level of difficulty, and media used for the purposes and context in which they are used. Comments from participants and supervisor overviews of *New Directions in Customer Service* modules appeared to be presented in less time than needed for content to be processed and absorbed. (Please see Appendices for additional detail.) Because there were no pre- or post-tests included in the design of Tier II modules, it is not possible to determine appropriateness of the difficulty level for these materials.

The schedule for curriculum development for the three levels of instruction and accompanying videotapes called for components to be prepared and field tested incrementally across the life span of the funding period. None of the curriculum writers mentioned difficulty in adhering to the time lines for deliverables; however, the second Project Director reported concern that the extensive planning and revisions to the Tier II videotape segments required by The Eddy/Northeast Health trainers during the co-development process might limit the number of incumbent workers able to be trained during the funding period. Toward the end of the funding period, the second Project Director and The Eddy/Northeast Health training coordinator agreed on the recognized need for the program materials to be finalized and extensive training ensued.

3. *Do the workplace literacy materials and instructional techniques accommodate the literacy levels of the program participants?* Although literacy levels of participants were not formally measured by the external evaluator, examination of the materials indicated that they were written/spoken at an intermediate level of literacy. Observation of participants using the video tape and study guides in two courses identified no participant having difficulty or appearing bored. This would indicate that the level of instruction is appropriate for the targeted participants.

   When asked about the strengths and weaknesses of instructional materials, the majority of the participants responding thought the content reinforced the skills they needed. Ninety-seven percent of the program participants who completed post-program surveys reported that the program materials were extremely to moderately interesting; and seventy-eight percent reported that the instruction was extremely useful on the job ($\underline{n} = 213$). Eighty-four percent also reported that the materials were easy to use and relevant to their goals, and eighty-five percent reported that the program was exactly what they had expected and needed.

4. *Are instructors adequately trained to implement all phases of the workplace literacy program?* Developers were seasoned teachers and professors with expertise and years of experience in adult basic education, higher education, assistance to public agencies, public program management, and developmental studies. Initial curriculum design and developer credentials and experience include Ph.D. and Masters degrees with extensive additional studies and teacher certification. Two of the original developers had previous experience with creating functional context workplace materials and all had curriculum development experience. The first project director, Christine Katchmar, has a Masters degree and additional graduate work in

communications and English and extensive experience in administering training programs for instructors working with youth in public agency endeavors. The second project director, Dorothy Negri, has extensive experience in supervision of development and delivery of entry-level employment and organizational restructuring training programs for public agencies.

The curriculum developers and project director hired at the beginning of the grant served as instructors during the pilot phases of instruction conducted during year one of program operations. Because of their intimate involvement with the development and refinement of instructional activities, staff training was unnecessary for implementing program instruction. As project instructional activities increased and personnel turnover occurred, however, no specific training sessions were provided to prepare new personnel for continuing with curriculum development and/or delivery in accordance with the philosophy and stipulations contained in the project proposal.

Instructor scripted guidelines were developed and provided to instructors and trainers for each of the modules in all three levels of instruction, providing uniformly formatted directions for preparation and delivery of content. Each module contained a rationale and goal statement explaining the use of the applied skills in the workplace or workplace training; a list of learning objectives; a list of competencies; and an overview of training materials and delivery needs that included an outline of the contents of the trainers' guide pages, the participant materials, method of evaluation, description of physical setting and instructor preparation tasks, and a list of equipment and supplies needed. (Please see pages 12-24 of this report for additional details.)

The PDP staff involved Eddy/Northeast Health trainers in field tests and pilots of the curriculum modules whenever possible. Following delivery of training, the Eddy/Northeast Health trainers or administrators often sat with the program developers and provided constructive feedback on the materials and activities.

Formal train-the-trainer sessions were conducted by PDP curriculum developers for the initial CNA and HHA certification and training instructors who will be responsible for delivery of *Learning Strategies* and the Tier I *Easing into the Job* modules following the funding period. Tier II *New Directions in Customer Service* was co-developed and taught by paired trainers from The Eddy/Northeast Health and the PDP, so no formal training on post-grant operations delivery was deemed necessary by those responsible.

5. *Are effective support services readily available to participants who need them?* The EDDY provides counseling to program trainees as needed. The workplace literacy course instructors are well-versed in referrals to community-based tutoring programs, if participants demonstrate a need for such services.

6. *Is the learning facility planned and equipped to support the workplace literacy program?* The learning spaces provided in various network affiliate locations in which program classes were observed being conducted are the same one used by the EDDY for job training. All were well-lit with adequate seating, tables, and resources (*e.g.*, VCR and monitor, boards, instructor desk, etc.) for conducting planned workplace literacy training activities. Although instruction is delivered in eldercare facility areas, such as the kitchen area adjacent to the physical therapy room, participants had adequate space to work on learning activities and appeared comfortable with their surroundings. When asked during on-site visits, *"What is your assessment of the facilities in terms of supporting your learning or making it more difficult?"* instructors reported that the facilities were "somewhat cramped and sometimes *ad hoc* (*e.g.*, using a physical therapy room as a classroom)" but met their needs.

7. *Is the workplace literacy program record-keeping system complete, simple, and efficient?* The record-keeping system changed in format and scope numerous times throughout the project. Initially somewhat complex, it required project staff to enter information into a computerized application, then mail the information to the agent for the US Department of Education for analysis. There were frequent difficulties and bugs reported by staff needing to use this system. The administrative assistant kept a trouble log, listing 33 problems that occurred during just under 2 months time, from the end of January, 1996 through most of March, 1996. Information collected

did not address local formative evaluation information needs, but consumed much time during instructional periods and in office man-hours. This data collection, albeit insufficient in content and output, supplanted the usual data collection required by the external evaluator as well as instructor and staff typical workplace literacy record-keeping because of the burdens it imposed on the project staff's time. During year two of project operations, the US Department of Education ceased requesting this computerized data from project sites. During the same period of time, the initial Project Director noted that the curriculum design had needed to be revised from 20 hours of instruction per tier to sequential modules of one to three hours duration in order to accommodate the amount of time available for training of The Eddy participants. For this reason, the external evaluation data collection instruments were abbreviated to comply with reduced instructional (and data collection) time. For the remainder of the project, the abbreviated pre-/post-surveys were used to collect data from participants. (Please see the Appendices for examples of the various data collection forms used throughout the project.)

For a discussion of strengths and weaknesses of available project resources and the effectiveness of their use, see "Summary of Results" under Discussion section of the evaluation. The next section of this evaluation examines the process of project delivery.

Project Process:

> *To what extent were program operations, development and observed instruction congruent with project goals and research on instructional effectiveness?*

This portion of the evaluation report examines program operations, development, observed instruction, and daily activities to determine their level of congruence with project goals and current research on effective workplace literacy, using the following probes to guide interview questions, data collection, and data analyses:

1. Are current records of routine program activities in the workplace literacy program maintained and do these activities reflect stated goals?
2. What are each participant's current progress, instructional activities, and learning needs?
3. Are the workplace literacy program instructional decisions and activities generally consistent among instructors who have similar responsibilities or who serve the needs of similar participants?
4. Are participants in the workplace literacy program making the progress that was anticipated? How is this determined?
5. How much time is spent in instruction with workplace literacy program participants in whole group, small group, individual formats?
6. Are the workplace literacy resources planned for use actually being used?
7. Is there a need for additional resources not initially planned for?

1. ***Are current records of routine program activities in the workplace literacy program maintained and do these activities reflect stated goals?*** Records of routine program activities include attendance, pre- and post-test course test scores, and minutes/reports from meetings conducted with the EDDY. As stated above (Input, Point 7.) the federally mandated computerized record-keeping system used initially to record data proved to be inadequate and flawed. Other program records, recorded manually by project staff in a variety of formats were kept on file for local access and for review by the external evaluator. Copies of those documents received by the evaluator for documents received by the evaluator for review displayed included attendance records, monthly activity reports, class activity reports with brief instructor comments, computer-generated pre/post test scores for individuals, and sample minutes from monthly project meetings held by the PDP and Eddy partners. Attendance records documented numbers participants and numbers of sessions attended. Monthly activity reports detailed dates, times, locations, types and names of activities, personnel involved, in-kind contributions, and brief descriptions of events. Class reports. Copies of all monthly activity reports and samples of all other documents were sent to the external evaluator for review.

The project partners, represented by the Project Director from PDP and the Human Resource Director from The Eddy, met weekly during the first few months of operations, then bi-monthly or monthly, with other key project personnel, depending on issues to be addressed and availability of representatives from each of the partnering agencies. Sample minutes were reviewed and five meetings attended by the external evaluator. (Attendance by external evaluator noted with an asterisk--*-- below.) A total of 79 meetings were held on the following dates:

January 4, 1995	March 6, 1995	June 19, 1995	August 29, 1995
January 8, 1995	March 15, 1995*	July 11, 1995	September 5, 1995
January 24, 1995	April 3, 1995	July 18, 1995	September 14, 1995
February 2, 1995	April 24, 1995	July 20, 1995	September 25, 1995
February 10, 1995	May 12, 1995	July 25, 1995	October 19, 1995
February 16, 1995	May 25, 1995	August 22, 1995	October 20, 1995

[Continued]

November 14, 1995	July 18, 1996	October 16, 1996	December 23, 1996
January 18, 1996	August 1, 1996*	October 21, 1996	January 7, 1997
February 29, 1996*	August 9,1996	October 28, 1996	January 16, 1997
March 19, 1996	August 20, 1996	November 5, 1996	January 23, 1997
March 22, 1996	September 3, 1996	November 14, 1996	January 24, 1997
April 25, 1996	September 12, 1996	November 18, 1996*	February 4, 1997
May 9, 1996	September 18, 1996	November 25, 1996	February 6, 1997
June 7, 1996	September 30, 1996	December 2, 1996	February 18, 1997

July 15. 1996	October 15. 1996	December 16. 1996	March 6. 1997

[continued]

March 20. 1997	April 30. 1997	August 11. 1997	December 4. 1997
April 7. 1997	May 30. 1997	September 12. 1997	December 5. 1997
April 15. 1997*	June 4. 1997	September 19. 1997	
April 21. 1997	July 15. 1997	October 16. 1997	

Agenda topics indicated that key issues addressed during these meetings included planning. review. and revisions of time lines and work plans for project activities and product development; identifying and clarifying skill objectives for *Essential Skills for the Care Team* curriculum; clarifying evaluation objectives; and exploring and implementing The Eddy/Northeast Health institutionalization activities. Attendance of agency representatives at meetings varied from one to ten participants. depending on topics of discussion. Additional meetings were held with facility administrators. supervisors or workers and Project Directors or curriculum developers to address specific topics. such as instructional implementation and scheduling within a facility.

2. *What are each participant's current progress. instructional activities. and learning needs?* From the electronic records kept during the first half of project operations. it was possible to determine only the title of the course in which a participant was enrolled. the dates of offering. the location. the names of the trainers. the number of learners. the number of sessions offered and attended. and whether or not the course was completed by the participant. This data did not inform program personnel about each participant's current progress in mastering materials taught. in instructional activities. or identify ongoing learning needs. Pre- and post-course assessments completed by participants in the *Learning Strategies* sessions allowed participants to rate themselves on their progress in mastering concepts taught. *Easing into the Job* two- to three-hour curriculum modules each contained a knowledge-based instrument that was administered as both a pre-test and post-test. Multiple versions of these module tests were used during project operations. A pre-/post-course participant survey form. based on perceptions and self-reflection. was used to gather information

immediately before and after instruction for all *New Directions in Customer Service* modules and orientation courses for supervisors.

3. *Are the workplace literacy program instructional decisions and activities generally consistent among instructors who have similar responsibilities or who serve the needs of similar participants?* Initially, the curriculum developers and first project director served as instructors during the pilot phase of *Learning Strategies* and the first two modules of *Easing into the Job*. The pilots were conducted from fully developed, uniformly formatted instructor guidelines and participant materials, which were revised based on feedback from participants and The Eddy staff. Despite to staff turn-over and program expansion following piloting of curricula, the professional packaging of these instructional activities and the decisions related to their delivery facilitated consistency of delivery throughout the project. The other three modules contained in *Easing into the Job*, the Tier I modules customized for Home Health Care Aides, and the Tier II modules (*New Directions in Customer Service*) reflected some changes in instructional and training philosophy that coincided with turn-over in PDP project personnel and organizational restructuring. These products also were uniformly formatted with fully developed instructor guidelines and participant materials; and , following piloting and minor revisions, were also delivered with consistency throughout the remainder of project operations.

4. *Are participants in the workplace literacy program making the progress that was anticipated? How is this determined?* A thorough analysis of job competencies was provided by the partnering agencies prior to the onset of each phase of training development. In addition, the PDP conducted a rigorous front-end analysis of job tasks and the literacy skills that support their performance. The PDP also studied existing Eddy training courses in depth to ensure that the new *Essential Skills for the Care Team* program would enhance and integrate with currently available training. The participants completed assessments after each module in all three levels of instruction that course developers and instructors carefully analyzed to determine the extent to which stated instructional objectives were being covered and met. Please see point 3 above for additional detail on instruments, samples of which are contained in the Appendices.

5. *How much time is spent in instruction with workplace literacy program participants in whole group, small group, individual formats?* In the *Learning Strategies* and *Easing into the Job* sessions conducted during the project were 1 to 3 hours in length and often were delivered on sequential days. Participants were all CNAs or HHAs in training or new to the job. *New Directions in Customer Service* sessions were delivered to groups of incumbent workers, representing a range of job titles at one facility, as independent events, and of 1-2 hours duration. The nature of instruction and types of learning activities were determined through observation, as well as curriculum materials review and interviews with developers and participants. Observation, participant report, and developer report indicated that for *Learning Strategies* and *Easing into the Job* modules, approximately 35% of instructional time was spent working as a whole group, 60% in small groups or pairs, and 15% working independently. Records from instructional session observations by the evaluator indicated an average of 7% of instructional time in these modules was spent in one-on-one instruction with participants. These breakdowns compare favorably with an ideal of less than 50% "teacher-talk" or whole group lecture during any one instructional session (Goodlad). Observations of *New Directions in Customer Service* modules indicated that approximately 90% of instructional time was spent in trainer(s) presenting to a whole group (including lecture method, video tapes and guided discussion), 0% in small groups or pairs, and 10% working independently. On-site interviews and observations of The Eddy/Northeast Health training sessions occurred six times during project operations. A sample of observation documentations follow on the next few pages:

Sample Site Visit Observation Notes

November 18, 1996:
10:25-11:00 a.m.

Location:	Heritage House, The Eddy-
Content:	Completion of 20 hour *Tier I* training, last day of class
Participants:	3 Caucasian females, new hire CNAs
Instructor:	Dorothy Negri
Environment:	Class held in residential health care facility storage room with floor-to-ceiling windows with vertical blinds along one wall. Furnished with two tables, upholstered chairs with arm rests. Well lit with recessed fluorescent ceiling fixtures. Flip chart at front of room, temperature moderately cool.

Time	Instructor Activities	Participant Activities
10:25 a.m.	Distributes unit pretest for Module 4, "Knowing and Understanding Your Residents"	All Ps complete unit pretest.
10:30 a.m.	Collects pretests. Directs Ps to module materials. Asks what "direct caregiver" means. Asks what quote printed on page 1 of materials means.	P1, P2 give individual definitions P3 asks for clarification of explanation of role P1-"have to experience life to know it. We can learn from this."
10:37 a.m.	Confirms- "learn from elderly." Assists Ps with locating Activity 1 and gives directions.	P3-"like opening a history book—I like to talk to them." All Ps fill in activity sheet. P3- Asks for clarification—expresses difficulty in completing second half of exercise (visualizing self as an elderly resident). P1- Also expressed difficulty with this.
10:40 a.m.	Reviews Ps answers with them. Asks Ps to begin to think about their own assigned residents, where they have come from, what they now value.	All Ps debrief with own answers.

Time	Instructor Activities	Participant Activities
10:54 a.m.	Directs Ps to Activity 2, Difficult Resident Behaviors. Asks Ps to define quotation in materials. Adds, "Also, we are our experiences from our childhood on. Experiences lay the foundation for building our personalities—influence our old age. Residents are the end result of all their experiences."	P2- "Children take care of parents." P1- "Revert back to childlike state."
10:58 a.m.	Gives Ps directions for completing Activity 2. States purpose of activity—to understand reasons for resident behaviors in the unit. Reminds Ps that discussion must maintain confidentiality of residents they serve.	All Ps work as group, discussing actual residents they are working with in the unit.
11:00 a.m.	[departure from class by evaluator]	

August 1, 1996
8:45 -10:00 a.m.

Location: Heritage House, The Eddy/Northeast Health

Content: *Learning Strategies*, first session of six for new hires undergoing certification training.

Participants: 8 Caucasian females, new hire C N A trainees just beginning certification training.

Instructor: Dorothy Negri

Environment: Class held in training room in facility. VCR and easel with flip chart at front. Furnished with conference room table and upholstered chairs; carpeted. Moderately well lit, with recessed ceiling lights. Moderate temperature. No windows.

Time	Instructor Activities	Participant Activities
8:45 a.m.	Elicits introductions from all Ps, asking them to include response to "Why you came to become enrolled in C N A program here."	Self introductions by all Ps around table.

Time	Instructor Activities	Participant Activities
8:50 a.m.	Shows first video tape segment	All Ps watching with intent interest.
8:55 a.m.	Debriefs on video, asking "What did you hear?" "Did you sense nervousness at the start of training?"	[no response] murmurs, head nods from most Ps.
8:57 a.m.	Distributes activity books and pencils. Requests Ps to fill out questionnaire.	Ps assist with distribution of activity books, begin filling out questionnaire.
9:00 a.m.	Collects completed questionnaires. Joins in Ps small talk	Ps engage quietly in small talk while waiting for remaining Ps to complete questionnaires.
9:10 a.m.	Says, "Think about the last thing you learned (before new life as a C N A) and how you learned it." Quietly distributes worksheets while listening. Records Ps' responses on flip chart. Goes back through recorded responses and asks Ps how they learned each thing. Records responses. Recaps learning styles used by each.	P1-"study group—for an exam." P2- "course" P3- "how to bathe my father" P4- "changing car parts" P5- "a new word" P6- "re-learning bike riding" P7- "directions to drive somewhere" P8- "new recipe"
9:23 a.m.	Directs Ps to turn over their worksheets and record which learning style they use most often. Asks them to debrief on their preferences.	P1, P2, P3 give responses.
9:25 a.m.	shows second segment of video	All Ps watching attentively.

Time	Instructor Activities	Participant Activities
9:30 a.m.	[break]	[break]
9:35 a.m.	Pairs Ps and directs them to discuss how they think they'll get the most from their certification training.	Ps discuss among selves, working in pairs. [P7 writes in activity book by self until P8 returns from break, then P7 and P8 begin quick discussion.]
9:39 a.m.	"Jot your ideas down under 'Nurture/ Pressure' "Yes"	P8- "I guess pressure is one of the elements of learning."
9:40 a.m.	Begins next segment of video, saying "Listen for the learning styles mentioned."	P3, P7, P8 continue writing in activity book until 9:41, then all Ps are watching video. P5, P6, P7 take notes on video P1 takes notes in activity book.
9:48 a.m.	Debriefs on video segment. "What did you write down with your partner that you heard?" Reviews content of video segment, playing off of Ps responses. Asks, "Anyone feel weak in any one style that was mentioned?" Gives encouraging comments, mentions backup systems available to assist with this. "Perfect lead-in. We'll discuss this tomorrow." "Tips on the video—tricks and tips to memorization." Asks if any questions. Says, "See you tomorrow. We'll	3 Ps respond with general murmuring of agreement. P3- "Reading—remembering what I've read." P1-"read, but can't pick out what's important" P6- "same for me" P8- "Problem memorizing steps. It makes me nervous." [no response]

Time	Instructor Activities	Participant Activities
	discuss some reading techniques like skimming and tips for memorizing."	Ps nod, murmur. Begin standing up to prepare for next segment of their technical certification training.
10:00 a.m.	[evaluator departs]	[evaluator departs]

February 6, 1997
11:20 a.m.- 12: 00 noon

Location:	Heritage House, The Eddy/Northeast Health
Content:	*New Directions in Customer Service*, "Telephone Skills" module. Pilot of one of seven one-hour sessions
Participants:	8 Caucasian females, incumbent employees from this facility who use telephone in conjunction with job duties.
Instructors:	Gail Samuelson (Rockefeller College) and Bob Willover (The Eddy/Northeast Health HRD Director) as co-facilitators.
Environment:	Class held in occupational therapy room of facility. Large windows along one wall, with blinds. Furnished with 2 tables, and comfortable padded chairs. Flip chart on easel and VCR at front. Occupational therapy equipment sitting around walls of room. Moderately warm temperature.

Time	Instructor Activities	Participant Activities
11:20 a.m.	Introduce each other and ask Ps to introduce themselves and the department they work in.	Ps all introduce themselves individually.
	B- asks Ps what's different from personal communication when you use the telephone. Records responses on flip chart.	P2- "hard to interact. No body language"
	Says, "sometimes a conversation on the phone goes bad—due to anonimity—can't be seen." Records response.	P6-"It's like there's no other person."
	"There are other things, too." "Need to realize the concerns people have. What we want to do is show video scenes to have you help us develop guidelines to help—then help you with any special concerns you have."	

Time	Instructor Activities	Participant Activities
11:25 a.m.	Goes to VCR and introduces first segment. [Worker in first video segment doesn't identify self to caller.] G records response on flip chart. B-"Others?" (G records all responses as given) B-"How can we do this?" (smiles broadly in exaggerated fashion)) B-'How about the number of rings? Is there any standard here?" B-"We'll get back to this. Let's see what she learned."	All Ps watch VCR attentively. P8-"Can I answer? Can I answer?" (laughter by all Ps) "Worker didn't identify self." P8- "Worker didn't give name and department." P5-"The greeting" P6-"Tone of voice—snotty" P8-"Needs to be more friendly" P7- laughs. "Can just picture it" Makes a large smile, too. P6-"First ring" P3-"first ring, by third ring" P6-"rings back by third ring"
11:28 a.m.	B- Restarts video. Plays second segment.	Ps [laughter]
11:29 a.m.	B-"Better?" Summarizes that preparing to answer during the first few rings is good practice. "Now let's get deeper into the subject, talk about what still could be improved." B- Records responses. B-"Didn't ask questions" B-"Anything else?" G-"shouldn't put caller on hold" B and G agree. B-"What can you do about hold situations?"	P1- "Yes" P2- nods P2- "could get more information, like the caller's name" P2-"acted like trying to get rid of call" Ps-no response P1-"That's like you really don't want to listen to what the caller wants." P3-"take number, call back" P3-"sometimes ask, 'may I put you on hold?' then don't wait for answer; instead just put on hold"

Time	Instructor Activities	Participant Activities
11:32 a.m.	B-Plays third segment on VCR.	All Ps watch attentively.
11:35 a.m.	B-"Did you catch everything? Was it a good transaction?"	Ps-no response
	G-"Did everything okay?"	Ps-nodding in agreement
11:36 a.m.	B-Plays VCR segment with learning points appearing on screen	All Ps watch VCR
11:38 a.m.	B-Reviews learning points. Asks if there are any comments.	Ps nod P7-"sometimes when six lines are coming in, it's harder to be pleasant.
	B- Elicits information from Ps about situations they encounter with calls. Records their responses.	P4- "calling back; multiple calls" P7, P8 have brief side discussion with each other about situations. P3-"lengthy calls" P2-"irate people"
	G-"What do you do to handle multiple incoming calls?"	P5-"Say, 'hold on'"
	B-"phone triage"	P7-"try to transfer the calls to the right people to help them if I can"
	G-"How do you decide who to put on hold?"	P2-"try to handle the calls as they come in." P2-"depends on who is calling and what for. Administrator, try to get right through. For a nurse, I usually take notes."
	B-"so you prioritize."	P3-"sometimes it's the length of the problem."

Time	Instructor Activities	Participant Activities
11:42 a.m.	G-"sometimes you have no choice"	P6 to P7-"I've had that happen." P8-"I've gotten multiple calls—and I don't know how to use the "hold" function!" (laughter from Ps).
11:43 a.m.	G- "we need to go on. We're dealing with the last scene on the video tape—an irate person calling. Plays VCR.	Ps watch video tape segment. (laughter reaction during viewing)
11:44 a.m.	B-"Problems you saw?"	Ps-more laughter
	"It can be difficult…"	P1-"dressing badly"
	Records responses on flip chart.	P8-"eating while talking"
		P8-"not answering the phone properly—there was a lot"
	B-"What else?"	P3- "She didn't identify herself, either."
	G- "Did her irritation influence the results she got?"	P8-"She was obviously irritated." P5-"Yes!"
	G-"What could she have done?"	P8, P3, P2, P7 respond.
	Records responses.	P8-"Her attitude was really bad."
	G-"Was either caller prepared for a hostile reaction?"	P2-"don't think you're ever prepared for that." P3, P4, P7 give similar responses.
	G-"What can you do as the recipient of nastiness to control it?"	P8-"be nice instantly" P5-"Say, 'let me help you'" P2-"show empathy"
	G-"What else?"	P3-"ask for identification P7-"Try to find out what the need is"
	G-"Use name"	P8-"Get name, then use it to be on a personal level with the caller."
	G-"Has anyone taken relaxation training?"	P7-"meditation"
	G- "what calms?"	P7, P2- "breathing"
	H-	
	G-"Relax, go with it"	laughter from Ps

Time	Instructor Activities	Participant Activities
11:48 a.m.	B- shows video segment 5 with improvements. Asks Ps to look for improvements and ask themselves, "Good enough?" "More to be done?"	All Ps watch VCR intently.
11:50 a.m.	B- "Any better?" B-"Anything else he could have done? Maybe restate the problem?" G- Explains techniques for defusing callers.	P2, P8- "He's better. She's not" Ps murmur in agreement. P7-"be understanding, empathetic" Ps listen
11:55 a.m.	B- [trouble finding correct spot on tape, rewinds, then plays segment 6 of video with learning points displayed on screen. B- Asks, "Better?" "One more segment on tape to watch. Unfortunately, got a late start and no time today to role-play your situations. This last segment we'll show makes the same points, although it's a different location—about a situation in which a home health aide is scheduling visits."	Ps watch video tape segment. P7-"a little bit better." All Ps listen
11:58 a.m.	B- Plays segment 7 of video tape on VCR. G-"What did the answerer do right?" G-"Other things?"	All Ps watch; some laughter reactions. P8-"she was *really, really* nice." P6-"can understand caller's feelings" P8-"handled every situation with patience" P1-"asked questions; got information." P7-"productive" P8-"put caller's mind at rest."

Time	**Instructor Activities**	**Participant Activities**
12:00 noon	G-Paraphrases and summarizes what Ps have said in responses. G-"Other things she didn't do?"	All Ps listen P5-"could have asked caller's name"
12:02 p.m.	[evaluator departs]	[evaluator departs]

Participant engaged times during observations were quite high. Most participants appeared to want to learn, seemed to enjoy moving through the instructional units, and spent 90% to 95% of time in the training room actually engaged in activities and exercises. The program participant engaged time and interaction with trainer(s) compares well with engaged times of 40%-50% reported for observations of high school classrooms (Mikulecky). Adult learners in the *Essential Skills for the Care Team* program came to sessions ready to work and managed twice as much effort per hour as adolescents manage in school rooms.

6. *Are the workplace literacy resources planned for use actually being used?* In each class observed, the participants were utilizing the materials provided, and instructors were varying the media with which they presented instruction. The quality of instruction provided by the training materials has been discussed earlier in the Input section of this evaluation. It was, for the most part, quite high. The trainers established good rapport with the participants and, during delivery of *Learning Strategies* and *Easing into the Job* modules, took active roles in monitoring progress, encouraging participants, and providing explanations as necessary. Solid judgments of the quality of trainer explanations of concepts for these modules were observed during each observation. Consistency of trainer ability to explain the thought processes for the job-related basic skills applications was evident in presentations given in early stages of project operations. This coincided with the developers' intent for use of the customized training materials and with current state-of-the-art transfer of learning practices for workplace literacy, in both the military and private sectors, that result in highly effective application of instruction through training that refocuses instructional delivery practices from the teaching of memorized procedures to the teaching of cognitive strategies that enable skill transfer, *i.e.*, the modeling of thought processes (metacognition) used in applying skills to performance contexts. Observations of training later in the project did not contain evidence of this "cognitive modeling" instructional methodology.

7. *Is there a need for additional resources not initially planned for?* The original curriculum design called for delivery via the medium of stand-up training with videotaped illustrative scenarios. As the project progressed, scheduling requirements of The Eddy/Northeast Health dictated that changes in timing and a modular approach be adapted. Toward the end of project operations, electronic delivery by means of Web TV was explored and acted upon. The PDP staff translated modules from *Learning Strategies*, Tier I *Easing into the Job*, and Tier II *New Directions in Customer Service* into interactive web pages that were able to be broadcast over the Internet in a specialized television receiver format. This adaptation added greater flexibility to meeting the training delivery needs of the Eddy/Northeast Health workforce by allowing trainees to access the *Essential Skills for the Care Team* courses in the privacy of their homes with the installation of a cost-effective receptor box, enabling them to use their televisions, with the addition of a remote keyboard or mouse, as computers. Screens were designed with interactive fields into which participants could enter responses, hot word links to medical terminology dictionaries and other resources to facilitate learning, and access to assistance at the PDP web site on the Internet (Please see the "Product" section of this report for more details on the electronic version of instruction.) The home page electronic address is

<http// www. albany. edu. pdp/ nwlp>

For a discussion of project process, please see "Summary of Results" under the Discussion section of the evaluation. Following receipt of final data in April, 1998, PPLC assessed program outcomes (or "product") to determine the degree of project effectiveness. The results are addressed in the next section.

Project Product:

To what extent are there indicators of project effectiveness?

The C.I.P.P. model enables gathering of evaluation data from more than one source to promote triangulation of results in an attempt to arrive at valid conclusions concerning project effectiveness. PPLC evaluated the *Essential Skills for the Care Team* Program from three different perspectives of users:

- participant survey statements and structured interviews concerning achievement of personal learning goals and value of the course;
- analysis of participant pre-program and post-program assessment scores;
- review of documentation related to The Eddy/Northeast Health institutionalization and/or integration of *Essential Skills for the Care Team* training as a part of ,or with, existing Eddy/Northeast Health training courses; and,
- review of documentation evidencing dissemination of project model and materials to other health care organizations, nation-wide.

The following set of probes was used to guide interview questions, data collection and analyses:

1. Are participants learning skill applications according to the workplace literacy program's definition of skill need for participant performance of critical job tasks?
2. Do program participants continue to use skill applications after they leave class?
3. Do program participants apply new learning to performance of critical job tasks?
4. Do program participants view the skill applications they have learned as having utility?

5. Is each participant acquiring the skill applications for critical job tasks as identified in Literacy Task Analysis at their worksites? Is progress satisfactory? Has job performance on critical tasks improved?
6. Can the company determine cost benefits derived from workplace literacy program instruction?

1. *Are participants learning skill applications according to the workplace literacy program's definition of skill need for participant performance of critical job tasks?* The first aspect of project effectiveness was determined from data collected on pre- and post-program surveys and from on-site interviews. It concerned the degree to which participants in the program were able to achieve their personal learning goals. During interviews on-site by the evaluator, most participants expressed satisfaction with the content of the *Essential Skills for the Care Team* training. Frequently mentioned was the immediate usefulness of documentation and communication skills on the job. When asked, *"What letter grade would you give this course, and why?"* participants rated the *Essentials* Program as an "A-" course, mentioning presentation and materials. When the probe, *"What would make this course an "A" level course?"* was used, participants comments focused on lengthening the time for delivery and allowing more interaction in sessions. One group comprised of exclusively new hires who had had little on-the-job experience prior to their session wanted to see more role play activities incorporated into the training to provide them with more "job experiences" up front.

The external evaluator observed participants learning such things as how to prioritize patient care tasks and how to maximize study success during initial job training for certification. These activities directly relate to the information obtained from literacy task analyses and from The Eddy supervisors, incumbent employees, and managers about critical job tasks.

2. *Do program participants continue to use skill applications after they leave class?* In self-report appraisals of the training courses, participants completed items on the post-program survey that asked if the *Essential Skills for the Care Team* Program had helped them reach or work toward any of their personal goals, and if they would recommend participation to a co-worker. Ninety-seven and ninety-nine percent, respectively, responded to each question positively. Reasons given by participants when asked why they would or would not recommend the course to a co-worker were as follows:

Participant Comments

-I definitely will use the information I've obtained through this workshop. Thanks!

-I now feel that I am able to take notes and skim more effectively.

-I anticipate being able to apply what I learned in this session to my job.

-I liked the videos and listening to other aides on the videos to get input to better give me more understanding on how patients need to be better taken care of.

-The activities made you think after making a statement and realizing a different outlook or approach and being open-minded and ready for change.

-It has helped me identify the need to better explain myself to staff and to look at how I say what is heard and stress relievers.

-With the knowledge acquired, I now have an understanding of what a CAN will learn, can build on it and follow up with the skills that were reviewed.

Additionally, on January 21-22, 1998, the external evaluator conducted structured interviews at three Eddy/Northeast Health facilities across three shifts with 10 CNAs who had completed Tier I training modules, *Easing into the Job* (two sets of responses were done in pairs). The information on the following pages was given in response to the questions the evaluator asked:

1. How would you rate the training you received in the use of assignment sheets? (Probes: On what do you base your rating? Please give me some examples.)

- Good—I understood them when I got my job assignment sheets—they looked familiar to me.
- I'd rate it as a "10." The way I treat the residents, the care I can give—all stems from the training I received.
- Good, no GREAT. Everything on the sheets—basic information about the residents, it's all there, their specific needs, the equipment I have to use. I can read and understand it all very quickly.
- It was pretty good. It helped me in finding out how to look on an assignment sheet and find out what to do with each individual resident and what their needs are.
- The assignment sheets at this facility were a little different. Now they just show the resident's name; the care plan is attached to the resident's bed. But the information about reading them is still okay to use.
- The class taught me what to look for and what you need to know, especially the training in the abbreviations.
- Not 100 percent. Some things it helped me with, like the medical abbreviations. I still found that it's much better to get to know the person you're caring for.
- It really helped. I didn't have any problems with it once I began working the job.
- Excellent! All the abbreviations and everything really helped me.

2. How do you know whether or not you are managing your assignments and time well? (Probes: What happens if an employee doesn't prioritize her/his tasks? Please give me an example of how the staff you work with works as a team.)

2. How do you know whether or not you are managing your assignments and time well? (Probes: What happens if an employee doesn't prioritize her/his tasks? Please give me an example of how the staff you work with works as a team.)

- Well, there's a time when the residents have to be in the dining room. I think to myself, "Who do I have to get up first, who takes longer?" I have a beeper. I have to keep checking time, deciding whether the task to do can be completed, like dressing a patient, or whether to just put on his robe. We really do work as a team; we all work together here on everything. I can ask anyone for help. We all get along.

- The residents smile at me; nothing would go well with the residents if I didn't prioritize things—giving them care, communicating with them; the teamwork really helps—everyday, you know you can get help with daily things if you get behind.

- I know everything's okay when I'm done with work at a reasonable hour. I depend on my coworkers every night—for example, it takes two people to do a lift. Some residents are harder to work with than others; we help each other out with these residents.

- When someone on the floor finishes her assignment, she helps out the whole group with their assignments so we all can get done at a reasonable time. If you get really behind, we each have partners. You pick up one or two assists for each other, like with making up beds and things. It works good.

- At night, when you're finished up everything before a certain time, you know you're doing well. If after 11 p.m., you're still not done, then you've been spending too much time with one patient or another; you have to adjust your time, balance things, pace yourself. If you do fall behind, your coworkers will help you out. We have really good teamwork. Everybody helps everybody.

- I think I do pretty good. As a starter, it's hard to know, but as I go on, it's much easier for me. Most of the time we work as a team here; we help get people who are in bed up; it doesn't matter who's assigned to which resident.

- I have a permanent assignment—I have time for everybody; I do the harder residents first because they are more time consuming. There really isn't any teamwork in my area.

- When I get people up in the morning, I do the easier ones first, then the more difficult ones. We work together as a team.

3. How effective was the training you received concerning patient observations and reporting what you see? (Probes: What kinds of things do you tend to report about residents? How much of this information is factual, rather than feelings? How much of this information is important detail concerning changes in residents' condition?)

- Excellent. I know what to look for. 50% factual, 50% feelings.

- Pretty good. The resident case studies were very effective. I just know by the way a resident should look. With a permanent assignment, I see changes quickly, like blood pressure or temperatures.

- Okay. It's all about being sensitive to a resident's needs.

- I look for changes in attitudes, their skin, their appetites. I also look for any abnormal behavior, like being abusive to me if they're normally nice; I report this or if they need some special services, like a hair cut. Once you get to know the residents, you see changes or problems quickly. It's like taking care of your children—you know immediately if something is wrong.

- Yes, the training was good, but the longer I'm on the floor, the more I pick up by myself and know what to do or report. Information I report is about 20% factual and about 80% feelings. Some residents are quiet at first; once you get talking with them, they tell you things, give you signs when something isn't right. Once you get to know your residents, know more of the routine, you see smaller changes faster.

- I look for things like bruises, marks on the residents that are new; sometimes they start to complain more than usual about a staff member or the food—

that's a sign. What I report depends on the individual. Some don't tell you anything; others want you not to report things about them, but you have to do it anyway, if it's something that needs to be known. Even little things can be very important.

- In my residents, like I learned, I report sores, redness, bloody stool, etc. For example if a resident falls, I need to report how they fell, when, where, etc.
- The training was good. This is a very stressful job; especially if you've never done this kind of thing before. I work in dementia; I have to be patient, my residents don't understand; I have to think before I do anything—experience helps—I'm starting to understand what to look for and what little things mean.

4. What types of things do you do to handle potential job stress? (Probes: What are some examples of things that cause stress for new hires here? If you could offer one piece of advice to new hires for handling job stress, what would you tell them to do?)

- We work well here when there are 6 aides on the floor. Sometimes someone calls in and there are only four of us; that means more work. I use the "I'll help you if you help me" routine then. It makes it easier when two CNAs work as a team. I'd tell a new person that you need to understand the unit, be friendly, and keep your own problems at home. When you work well with understanding the residents, you can always take major stress problems to your supervisor.
- I go outside and smoke a cigarette or walk back and forth in the hall to calm down; sometimes I go talk to one of the residents [name omitted]—she listens to me. The biggest stress for me is when several residents are calling for me at the same time to help them; sometimes they call me names. I would tell a new person not to bring home problems to work, but leave them at home. I'd also tell them to take their time to give good care to each resident and recognize that you'll be slow at first.

- I walk away from the problem for a while or ask for a hug from somebody I work with. All the alarms going off at the same time when there's a shortage of staff is the worst stress. I'd tell a new employee, "If you can't handle it, go get help."

- I smoke to relieve stress here. Sometimes you have to step away from the situation, you know, get away then approach it another way. Sometimes I walk away and count to ten, relax, then go back. The most stressful time is when everyone wants things at the same time—like when they all need to go to bed at the same time—the residents scream at you. I would tell a new CNA to have real good *patience*—if you don't, then this isn't the job for you. You need to keep a good attitude.

- I take my break, walk some, take really deep breaths. Stress happens when the residents are too demanding or when they all want attention at the same time. I'd tell new workers to just walk away for a few minutes and let it go; when you're ready to be calm again, then go back.

- I let it go over my head. If it's really bad, I leave the room or report it to the charge nurse, then go back and finish what I was doing later. Since I'm in the Alzheimer's unit, I often get someone to help me. Stress is when the residents' behavior is demanding, when the belittle you and want everything at the same time. A new person should remember to care for the residents like your own mother and treat them the way you will want to be treated when you're in their place. If you love them anyway, it will always be a good day at work.

- I haven't had any stress, really. It's easier here because we all work together. I guess stress could happen when there are demanding people or when the CNAs don't get along. I would tell the new girl, "If there are problems, talk to somebody, like your nursing supervisor. Discuss your problems; don't' hold it inside.

5. Think about the various types of information that are communicated on the floor. What are some examples of ways in which you are involved in this communication? (Probes: What should new hires do to communicate well on the floor? How effective was the training you received in communication?)

- I report changes to the nurse that I notice; I ask other CNAs for help if I need it. The training was effective.
- You ask about needs or tell what you're going to do or are doing. The course preparation was okay.
- I communicate about residents; I have to exchange information with the residents and also with coworkers at shift change on how the residents have behaved on my shift. I think the training helped me.
- Sometimes we switch assignments and have to report or ask about these changes. The nurse tells all of us about resident changes in a briefing before we go out onto the floor. The course gave us the basics in what to expect in communication on the floor, but on the job, it's different from training. You get head knowledge the need to get on the floor and know how to handle it, but it's not the real thing until you experience it.
- We report on how the residents are doing. The training was good.
- You tell the residents where they're going, what you're going to do for them or to them or with them; you tell the supervisor any problems that are going on with the residents. We had all this in class, but it was so much at once to learn. Once you get on the floor, it's different—you learn more while working the job from the charge nurse, the supervisor, other CNAs, etc.
- I talk to the residents about their spouses or how they feel with other care givers on other shifts; sometimes I'll comment that they look especially nice today. I also talk with the charge nurse about how the residents are doing, their dosages, what type of medication they're on (different sometimes for different days). Sometimes I come to see the residents on my day off because their families don't come.

was effective, but most important was the part about managing time. Communicating with residents and staff is different. After you get to the unit, you understand.

3. *Do program participants apply new learning to performance of critical job tasks?* Using the attributes and examples from the performance indicators elicited from Eddy supervisors, the results of the job literacy task analyses conducted by the PDP staff with Eddy competent workers, and the learning objectives and competencies from the training modules, a structured interview form was created by PPLC. This form was used to ask 10 Eddy supervisors at three different facilities to respond to questions about their observations of task performance by course completers currently on the job. The purpose of this questioning was to determine whether or not supervisors saw evidence of applications of training in practice on the job. The information that follows was given in response to the questions the evaluator asked:

Responses

1. How would you rate the performance of new hires in the use of assignment sheets? (Probes: On what do you base your rating? Please give me some examples.)

- It varies by personalities—some dive in , some stand back.
- They're okay with that. They don't have a whole lot of questions and appear to know what they're looking for now.
- Excellent.
- The newer people use assignment sheets more than the old time aides who know the residents well. Assignment sheets are important. They have information for administering the care needed.
- It's always a big problem with assignment sheets—the care plan is a brief detailed description filled out by the RN. The aide looks at this to know what

to do. And *documentation* should reflect this, that is, the aide should check off the bed bath after it's done; sometimes they still don't match up at the end of the shift because they're not filled out correctly.

- We don't use assignment sheets at night; we use a schedule.

- I think training the new aides is effective. Every shift has a slightly different format for assignment sheets; lots of CNAs work different shifts and now they don't seem to spend as much time asking questions about their assignment sheet and how to use it.

- New hires are more apt to read and follow it now than they used to be. They really should, because when they're new, they don't know the residents. Most seem to get what they need just by reading it—and they all know to ask if they don't understand anything.

- They're more aware of their assignments after this new training in how to read and handle their assignments, more than if they hadn't done this training. They can really help people now once they're on the unit. We teach the new CNAs not to handle anyone without an assignment sheet. When we get them, they now know what the technical terms and abbreviations mean, how to read important things on their sheets, like "wears ankle bracelet," or "range of motion" or "one side rail up" for safety.

2. How do you know whether or not new hires are managing their assignments and time well? (Probes: What happens if an employee doesn't prioritize her/his tasks? Please give me an example of how the staff you manage with works as a team.)

- They can prioritize their assignments—time management. I reinforce what they know when they come to me by giving them a practice scenario of being the new person on the unit and having to interact with the other staff members to prioritize the care for eight residents.

- They know which residents get to bed early, or ask verbally. If I hear that they're not doing it, I go back over the assignment sheet with them. Or if everyone else is done and they're not. Usually they work for two weeks as a team; it makes things like giving evening meds easier.

- The assignment sheets are detailed for each resident. If the CNAs are using them, there are no problems. After a few weeks, they're familiar with the routine and I can ask them to do anything. We all work together as a team the majority of the time. The only time anyone gets behind is in a major catastrophe. I help balance their work loads, trying to make sure ten residents aren't scheduled to be put to bed at 7:00 o'clock. Also they work with the preceptor/supervisor to get help with marking their sheets to see what should get done first.

- I keep an eye on them. They're doing well if they make their rounds on time, get out on time, come in on time. The rounds at night are the same; mornings are the hectic time. I plan their assignments after the second rounds—about 4:00 a.m. They do individual rounds; I help out with certain people or they work in pairs to do them together.

- If HHAs don't finish tasks, the RN assists them with prioritizing. Someone always screens the assignment sheets and time sheets; they're instructed to call the office whenever they're running late or can't complete their assignments. Also, they're supervised frequently. They receive instructions from other team members (RN, PA, Speech pathologist, etc.) in things like exercise prescriptions, physical therapy, and so on. The HHAs do this.

- I usually start them out with the top CNA on the shift as a buddy, then they begin by standing back and watching. Then I assign them one resident, and gradually build them up to a full assignment after three weeks on the job as orientation. By the time the three weeks are up, I know whether they can work well or not. I watch the CNAs perform tasks, see that it's working. I try to listen carefully to what they say, too. If somebody says, "I've only done that once before," then I try to team them up with experienced CNAs for that task so they can get some guided practice and experience in it.

- They're good with time management and good with team work—there's a lot of transition within the unit and we all have to learn to pull together.

- There aren't any problems with the new hires I've had recently. If they're able to go on break on time, ready for lunch on time, things are fine. Also, the regular staff will work with them or report to me if they have to, if one is always late or behind.

- By observation. We have a time frame for when patients should be out of bed, ready for lunches. If they're behind in the system, they can ask someone else to help them pick up work load. Preceptors should be watching, keeping up to date on what's going on the floor.

3. Of the new hires you supervise, what percentage of their observations are objective, rather than subjective? (Probes: What kinds of things do new hires tend to report about residents? How much of this information is factual, rather than feelings?. How much of this information is important detail concerning changes in residents' condition?)

- Ninety percent factual. Individual things are reported. It depends on what has been retained from their training class. The on the job trainer needs to be observant of traits seen in the new hire—touch base with the head nurse, use more guidance to ward off future problems.

- I don't supervise.

- My staff is good in reporting both—especially the objective. They have permanent assignments in our unit, so they know the residents really well.

- Fifty percent objective. They report injuries, new bruising, skin tears, conbativeness, pain complaints—they always report if they're not sure.

- I don't review their (HHAs) paperwork. They're taught in training to report what they see, hear, smell, feel as well as the objective, factual information. Most times this is done.

- Fifty percent. In the beginning when their new, they can't give much opinion—until they get to know the residents they work with.

- They're fairly good with that—seventy-five to eighty percent objective.

- That depends on maturity and experience. They're pretty accurate, most of them are really interested in taking care of older people and pretty perceptive. They notice things like bruises, especially in the dementia unit where we work.

- Some of each. New hires are trained to be observant in regard to skin (bed sores), eating comparisons with past observations, difficulty swallowing, breathing, changes in motion ability, and so on.

4. What types of things do you observe new hires you supervise doing to handle potential job stress? (Probes: What are some examples of things that cause stress for new hires here? If you could offer one piece of advice to new hires for handling job stress, what would you tell them to do?)

- They need proper orientation—*without* this, there's stress. The preceptor needs to be a good role model. Working with short staff, especially on weekends can be very stressful. If the veteran staff isn't helping them out, if they're not working as a team with the new person and accepting them, this is a stressful situation for the new hire. If the new person isn't trained properly, they experience lots of stress. I try to tell them to always try to identify the reason for their stress. Sometimes I get them to take their assignment home and look at it, go over it in their mind, figure out the sequence of tasks, become familiar with their assignment. We also have an agency program at the hospital that I recommend if they're having stress outside of work.

- A lot of the new CNAs talk out their stress with their older coworkers and get a lot of good feedback. I tell them to ask for frequent breaks to get away from them [residents], especially here on the dementia unit where there can be personal reactions to stress.

- They ask to go on a break or come to the office and sit for five minutes. They come to me if the problem is with a patient. They know to walk away if there is a problem and have someone else approach the patient or go back later in the shift. I recommend that they sometimes have to take things to heart, put themselves in the resident's shoes first. It's not always directed at them *per se*. You need to keep communication open with the supervisor and other staff members.

- Take a break; get off the floor. The residents make comments; sometimes they just don't take well to new people or changes. I encourage teamwork, conversing with other members of staff.

- You'd have to ask the HHA field representative about that.

- Well, right now, I have two new hires. The bubbly one verbalizes her stressful situations; the quiet one, I have to watch for when she's getting too quiet. As she feels more secure, I expect she'll verbalize more then.

- I tell them to work together, support one another. I try to show by doing that it's important to help out if someone falls behind, take the load off each other. That's one way to minimize the job stress around here.

- I've only had one problem in the past few months. One new hire was behind; she didn't show stress herself on the unit, but the other aides talked to one another about her and I had to get them together to talk out their problems.

- The most important thing I see them do and encourage them to do more of is to *communicate*—with the licensed staff about issues, problems, concerns. They don't realize the types of behaviors they'll encounter with dementia patients—these can be very stressful to CNAs. Some of us expect more than the new hires are ready to deliver.

5. Think about the various types of information that are communicated on the floor. Now think of the best new hire you supervise (no names, please). What are

some examples of ways in which this new hire communicates? (Probes: What should new hires do to communicate well on the floor? What percentage of the new hires you supervise are "good communicators"?)

- She knows the whats, whys, whos, and whens of information when she reports to the desk—she gives specifics, name, room number. New hires should provide basic information without being pumped for it—it wastes valuable time sometimes to get to or give the answer.
- The biggest thing is to not just shrug information off, but to relay what they see. For example, if a heel is red, they should come and tell the staff person, even if nothing is wrong. They should take things quite seriously, ask why they are doing certain things today, etc.
- Both of my new CNAs are excellent communicators. I wouldn't improve a thing.
- Be right up front. If a problem exists, tell the team leader. Use the chain of command first. My best CNA has done this type of work previously, so she has an edge. I'd say more than fifty percent of my CNAs are good communicators.
- She communicates changes in client condition, safety and health hazards in a client's home, any signs of physical or verbal abuse. I'd say eighty percent of my new hires are good communicators.
- She gives opinions, ideas, suggestions to the RN. I don't have any new CNAs right now because of recent turnover.
- Well, she likes to *vent*. Seriously, she communicates well with everyone—the supervisor, the charge nurse, the RNs. She also can speak her mind to coworkers and often suggests things. She reports every little "red mark"—she's extremely observant. And she doesn't complain when she's asked to do things not on her assignment. I'd guess that about sixty-five to seventy-five percent of them are good communicators; it just depends on the individual.

- She comes to the supervisor with emotional things on residents or issues with her peers. She gets into relationships with the residents, talks over ways to resolve problems with the nurse manager. About three quarters of the CNAs are good communicators.

- She was very quiet in training, but she went to the intensive care unit, gained confidence, and now communicates extremely well. They're all good communicators, they had the skills when they came onto the floor and they've all improved since then.

4. *Do program participants view the skill applications they have learned as having utility?* Participants completed items on the post-program survey that asked them to rate the program on polarized scales for interest level, usefulness on the job, difficulty level, usefulness outside of work, and whether or not *Essential Skills for the Care Team* courses had been what they expected it to be. The results obtained from forms received indicate that all participants rated the program above average in almost every category. See the information displayed below for details.

***Learning Strategies:* n = 65**

5= Very interesting to me
1= Boring to me
Averaged participant rating: **4.35**
5= Very useful to me on the job
1= Totally useless to me on the job
Averaged participant rating: **4.33**
5= Much too difficult for me
1= Much too easy for me
Averaged participant rating: **2.73**
5= Very useful to me outside of work
1= Totally useless to me outside of work
Averaged participant rating: **3.97**
5= Exactly what I expected
1= Not at all what I expected
Averaged participant rating: **3.45**

5= Materials were excellent
1= Materials were poor
Averaged participant rating: **2.57**

Easing into the Job: **n = 17**

5= Very interesting to me
1= Boring to me
Averaged participant rating: **3.59**
5= Very useful to me on the job
1= Totally useless to me on the job
Averaged participant rating: **4.06**
5= Much too difficult for me
1= Much too easy for me
Averaged participant rating: **2.06**
5= Very useful to me outside of work
1= Totally useless to me outside of work
Averaged participant rating: **3.65**
5= Exactly what I expected
1= Not at all what I expected
Averaged participant rating: **2.94**
5= Materials were excellent
1= Materials were poor
Averaged participant rating: **2.18**

New Directions in Customer Service: **n = 48**

5= Very interesting to me
1= Boring to me
Averaged participant rating: **3.85**
5= Very useful to me on the job
1= Totally useless to me on the job
Averaged participant rating: **3.81**
5= Much too difficult for me
1= Much too easy for me

Averaged participant rating: **2.31**

5= Very useful to me outside of work
1= Totally useless to me outside of work

Averaged participant rating: **3.15**

5= Exactly what I expected
1= Not at all what I expected

Averaged participant rating: **2.26**

5= Materials were excellent
1= Materials were poor

Averaged participant rating: **2.23**

4. *Is each participant acquiring the skill applications for critical job tasks as identified in Literacy Task Analysis at their worksites? Is progress satisfactory? Has job performance on critical tasks improved?* Based on participant goal statements and their close match with program instructional content and objectives, the pre-/post-assessment instrument gains provide evidence as to whether or not the *Essential Skills for the Care Team* was effective in helping 1. participants work toward or achieve their personal learning goals; 2. PDP program developers meet their training objectives; and 3. The Eddy/Northeast Health meet its training development goals. The assessment consisted of a set of knowledge-based tests of true-false, short answer completion, and matching items, used for both pre- and post-instruction assessment. The nine modules for which assessment data were received were as follows:

- *Learning Strategies*
  –study skills and test-taking strategies
- *Easing into the Job* –"Understanding Your Assignment Sheet" –
  -locating information, defining technical terms and abbreviations
- *Easing into the Job* –"Managing Your Assignment" –
  -prioritizing multiple job tasks and time management

- *Easing into the Job* –"Knowing and Understanding Your Resident" –
  -recognizing alternate conditions through observation and distinguishing between objective and subjective information

- *Easing into the Job* –"Handling Stress on the Floor" –
  -recognize cause/effect relationships, identify specific stress inducers, and techniques for dealing with stress

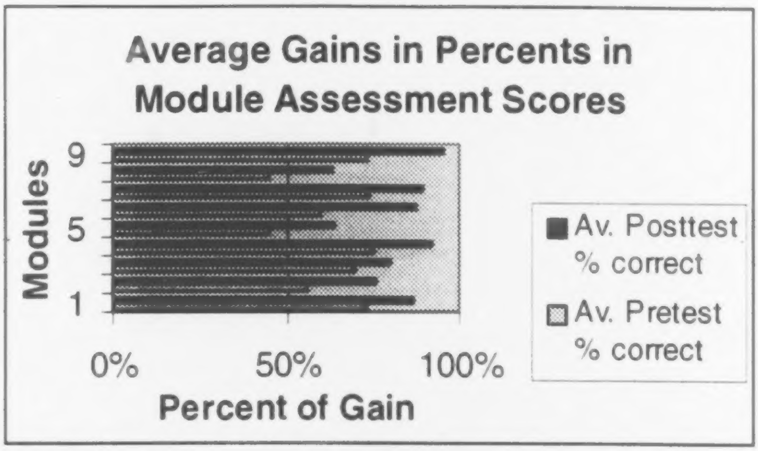
- *Easing into the Job* –"Communicating Effectively on the Floor" –
  -speaking, listening, formulating questions, recognizing assertive/aggressive/passive communication styles.

- *Easing into the Job (HHA)* -"Setting Priorities for Client Care" –
  -formulating goals and objectives, prioritizing by importance

- *Easing into the Job (HHA)* –"Controlling Time to Complete the Care Plan"
  -Prioritizing by time order, time management

- *Easing into the Job (HHA)* –"Dealing with the Stress of the Home Health Care Setting"
  -recognizing cause/effect relationships, identify specific stress inducers, and techniques for dealing with stress

The chart on the next page displays compared pre-assessment and post-assessment scores by average percentages of correct answers. Gains were obtained in all categories. The average percentage of correct answers on the pre-assessments across all modules was 63% correct (n = 194). The average score on the post-assessments was 81% correct. The average gain was 18%. A complete display of scores by individual participant and category of assessment by module is displayed in Appendix A.



Module Title	PreTest % Correct	PostTest % Correct
1. Learning Strategies	73%	87%
2. Understanding Your Assignment	56%	76%
3. Managing Your Assignment	70%	80%
4. Knowing and Understanding Res.	75%	92%
5. Handling Stress on the Floor	45%	64%
6. Communicating Effectively	60%	87%
7. HHC module 1	74%	89%
8. HHC module 2	45%	63%
9. HHC module 3	73%	95%

6. *Can the company determine cost benefits derived from workplace literacy program instruction?* The Eddy/Northeast Health Vice President for Human Relations has stated that she will e examining existing company records over in the months following project operations to identify areas in which this program has had any impact on reducing costs or saving the organization money. Areas to be investigated include performance improvement, training costs, and turn-over rates among new hires, which was given as one of the primary reasons for entering into the project with PDP. CNAs suggested in interviews that reasons for their colleagues leaving The Eddy/Northeast Health are usually to obtain even marginally higher wages at one of the other area health care facilities, rather than because of issues over working conditions, training, or job stress. The Vice President noted, however, that because this population (CNAs and HHAs) are often subject to stressful lifestyles that cause them to rapidly depart from the job without giving notice, participating in an exit interview or even leaving a forwarding address for receipt of their final paycheck, it is difficult to determine reasons for leaving or persisting in the job. Overall, top management representatives reported (in a regional symposium conducted in November, 1997) that they are pleased with the results and plan to continue using the training modules developed during project operations as part of their regular ongoing training activities—with or without having the outcomes of cost benefit analyses available. This, coupled with the joint effort for development of *New Directions in Customer Service* targeted to enhance action toward support of the new organizational mission statement following their merger process, seems to indicate that the program products will be institutionalized.

Dissemination of Project Model and Training Program - In a copy of an interim reports to the U.S. Department submitted by the Project Director throughout the duration of project operations, information was provided evidencing dissemination. The project training materials and delivery guidelines were made available to the ERIC system and attendees at numerous conferences throughout the nation. The Eddy and PDP jointly presented the program and training materials at the Annual Conference of the New York Association for Continuing and Community Education in April of 1995, the Adult Learning Center in Albany, New York in June of 1995 and September of 1996, a staff development session for adult educators in Portland, Maine in August of 1996, the NY BOCES in September of 1996, and at the National Workforce Education Conference, Milwaukee, Wisconsin, in November of 1996 and 1997. Additionally, the program design and achievements were highlighted in articles published in the *The Eddy News*, (Spring, 1995, pg. 1, and 1996, pg. 5), and in *The University at Albany Update*, (Volume 19, No. 23, April 24, 1996, pg. 3). Analysis of these materials indicated that the project had, in fact, created a replicable, functionally contextual model for workplace literacy instruction in the health care field.

Two additional, highly innovative dissemination activities occurred during the project: a regional symposium for health care organizations conducted at The Eddy/Northeast Health facility in Troy, New York on November 13, 1997, and the posting of modules for Home Health Care Aides on the PDP home page on the Internet. Both of these activities enabled the project partners to widely disseminate their program materials, model, philosophy and project results.

The one-day Symposium, *Workplace Education in the Healthcare Environment: the Why, the What, and the How*, included welcoming remarks by Craig Duncan, President and CEO of Northeast Health, who spoke of the rapid changes occurring in the healthcare industry. Jo-Ann Costantino, Executive Vice President and CEO for the Eddy, also provided opening remarks in which she commented on the successful outcomes of the Eddy/Northeast Health workplace literacy national demonstration project, noting employer and employee satisfaction with the results. Larry Mikulecky, a national academic in workplace literacy research gave the Keynote address, "Workplace Literacy Education: Why Should Employers and Employees Invest?", followed by two panels of health care workplace literacy project representatives. These included Wilma Sheffer and Lorna Finch from St. Louis Missouri Community College; Barabra McCandless and Christine Katchmar from The Eddy and PDP; Claude Grant, Doris Dingle, and Natalie Hannon, from the Bronx Community College; Harvey Huth and Harriet Spector from the Civil Service Employees Union and the [NY] Governor's Office for Employee Relations, Division of Developmental Services; Lorry Villemaire, and Dorothy Seidel from the Holyoke, Massachusetts Geriatric Authority Resource Center; and Christine Archambault from the Bronx Co-Op. The panelists presented their programs to approximately 50 invitees from the northeast states. The topic the morning panelists' presentations addressed was "Addressing Critical Issues in Educating Direct Care Workers." The afternoon panelists' presentations focused on the topic of "How to Implement Workplace Literacy Programs in the Healthcare Environment: Alternative Approaches." Each panel was followed by two reactors: in the morning, Francine Boren Gilkenson, Director of Special Projects for the 1199 Hospital League training and William Ebenstein, Director of the CUNY Consortium for the Study of Disabilities; in the afternoon, Robert Knower, Workplace Literacy Coordinator in the Office of Workforce Preparation and Continuing Education at the NY State Education Department, and Jorie W. Philippi, a national researcher and developer in the field of workplace literacy. The Summary Address, "A Federal Perspective," was given by James Parker, the Workforce Education Coordinator for the US Department of Education, Washington, DC.

The PDP home page on the Internet also provides a unique method for project dissemination activities. It includes a description of the project, the US Department of Education outlook for the future of workplace literacy, an executive summary of the Symposium (with links to download the entire published papers from the Symposium), descriptions of all project curricula (with links for downloading files containing the curricula), and a demonstration of the translation of modules for Web TV.

The translation of the Home Health Care Modules to electronic instruction, that was posted to the PDP home page on the Internet and able to be accessed by HHA Eddy/Northeast Health trainees and anyone else interested in the program products, was completed during the project four month no-cost extension, from January through April, 1998—primarily through the efforts of Eugene Monaco, Dorothy Negri, and PDP technical support staff. These sessions are interactive and allow participants to access training from their own homes with the attachment of a special receiving box to their home telephones and televisions. Operating much like a local area network for computers, the server transmits the modules over the Internet, via the medium of Web TV. The cost of a remote keyboard or mouse and receiver box is less than $300 per system. This is more cost effective than purchasing multi-media computer systems for individual learners to use at an estimated cost of $1500-2000. The Eddy/Northeast Health plans to purchase additional Web TV access systems to provide flexible delivery—either in trainee's homes or at any hour at training facilities.

Contents of the instruction posted on the PDP home page of the Internet for access through Web TV included the following:

- An introductory screen linking the user to six areas or back to the PDP web-site;

- A lesson about learning styles that introduces the two "learner" characters and the "mentor" character illustrations and functions, presents a variety of learning styles along with an interactive quiz (17 screens plus linkages)

- A lesson on the topic of understanding the assignment sheet that introduces the concept of medical terminology and abbreviations occurring on these sheets, plus the availability of the electronic glossary; it contains an interactive quiz and two practice exercises (17 screens plus linkages)

- A lesson that provides practice with medical terminology abbreviations in the form of two "jeopardy" games with electronic scoring (6 screens plus linkages)

- A lesson on dealing with caseloads, including patient reactions and typical interference with tasks; presented as instruction and two interactive quizzes, one in multiple choice format and one in matching format. (11 screens plus linkages)

- A lesson on dealing with caseloads, emphasizing methods for prioritizing tasks, and including two interactive quizzes (25 screens plus linkages)

- A glossary of medical terminology and abbreviations.

Results of a survey administered during the pilot to thirteen experienced CNAs or LPNs with varied levels of computer expertise, indicated the following:

- Lesson objectives were clear
  - -76.9% agree
  - -23.1% strongly agree

- Web TV site was simple to operate
  -53.8% agree
  -23.1% strongly agree

- Lessons were interesting and effective
  -53.8% agree
  -30.8% strongly agree

- Felt like an active participant in the learning process
  -61.5% agree
  -23.1% strongly agree

- Lessons compared favorably to classroom training
  -38.5% agree
  -23.1% strongly agree

- Would take another Web TV course
  -38.5% agree
  -38.5% strongly agree

- Lessons were overall of a high quality
  -38.5% agree
  -23.1% strongly agree

- What were the best features of the lessons?
  -Lesson number 3 for the abbreviation skills, and also lesson number 4 on caseload.
  -I would rather see it on TV than read it in a book
  -The lessons were placed at a very simple level
  -Interesting pictures and clear terms
  -I prefer hands on
  -The glossary for the abbreviations
  -The questions were good

-User friendly quizzes

-Not feeling rushed

-Learning how to use a computer and having everything you want to know at the touch of your fingers. The best is the abbreviation part—it shows you what they mean for anybody who doesn't understand something. When you tell them, they can see what it means.

-Fun to learn

-The lesson was easy to understand, simple, and to the point.

A focus group conducted after the pilot came to the following conclusions:

- More time should be spent up-front to lead trainees through basic operations of Web TV and its integration with instruction.
- Content was correct, readable, and informative.
- Even division of preference for Web TV versus stand-up training delivery formats. Most preferred partners to learn with
- Experience was "fun."

For a discussion of program product, or outcomes, please see "Summary of Results" under the Discussion section of the evaluation report, which begins on the next page.

Discussion

Limitations of this study - There were two factors that acted as limitations on the ability of this study to draw definitive conclusions from the evaluation. The first factor was the difficulty experienced by the evaluation in collecting and obtaining some of the requested data from some of the program partners in the formats required for inclusion in the evaluation. The conduction of data collection from a distant location for the majority of the demonstration period placed excessive responsibilities on an already over-burdened local project staff. Although the staff in this project exhibited an exceptionally cooperative attitude, the unavoidable off-site monitoring functioned as a somewhat limiting factor in this evaluation in that there was a minimum of direction and no training available in using the various data collection instruments that were developed. The second, related factor was that influences external to the project resulted in high turnover among key project personnel, including three project directors—one of which served for less than one month—ongoing changes in curriculum developers, instructors, and office assistants. This caused project development, delivery, and record-keeping processes to vary with personnel; this impacted on the continuity of project activities, products, and data collection.

Summary of Results - The following statements provide summary and discussion of key findings from the evaluation of project context, input, process, and product.

Context - The extent to which the goals and philosophy of the project were shared by key project personnel and participants was found to be as follows:

Areas of convergence: There was a good deal of consensus about program goals among the Project Directors, the curriculum developers, The Eddy upper level management, Eddy/Northeast Health supervisors, and The Eddy training staff. All highlighted the importance of providing training in prioritizing, communication, problem-solving and decision-making skills for CNAs, HHAs, and other ancillary health care team workers, and saw the *Essential Skills for the Care Team* program as a means for enabling mastery of workplace applications of basic skills embedded in the context of competent performance of direct and related health care giver job tasks. Supervisors identified performance indicators, *i.e.*, specific observable behaviors for the areas of job performance addressed by the program, also correlated with training objectives for prioritizing, communication, and problem-solving/decision-making modules of the program. Participants also commented on their desire to improve these skills and on the program's relevance to accomplishing their personal goals.

Areas of divergence: The main areas of divergence were evidenced during comparisons of interview responses from PDP initial project staff with those of later PDP personnel. During the second half of project operations, PDP curriculum developers and instructors appeared to be less clear as to the original workplace literacy developmental philosophy which had served as the rationale and basis for the *Essential Skills for the Care Team*. Along with key project personnel from The Eddy/Northeast Health training department, they expressed opinions that the program would serve as a vehicle for providing instruction in soft skills that supported the customer service aspects of the mission statement of the newly merged organization. As a formative evaluation finding, this pointed to the need for more structured training of PDP and Eddy/Northeast Health staff who were new to this project in order to sustain the original program vision and maintain continuity of objectives.

These observations should not be taken to mean that key personnel from either of the partnering organizations were in any way responding negatively toward the *Essential Skills for the Care Team* program. Their dedication to seeing the program through to successful completion and energetic efforts to produce high quality training programs were both innovative and effective, despite the blurring of instructional objectives and shift in emphases of content during the life of the project.

It is likely that the refocused courses which were developed will be more readily integrated into the ongoing training program of The Eddy/Northeast Health than if they had been exclusively targeted at improving workplace literacy skills.

Input: The availability to the project of resources during development and implementation and to what extent they were effectively used was found to be as follows:

Strengths and Weaknesses - The curriculum materials developed for the program were built from numerous contextual examples of skill applications that CNAs, HHAs, trainees and incumbent ancillary employees must use in the performance of critical job tasks. This curriculum enabled participants to practice skills in ways they will use them on the job. Resources for program development appeared to be adequate financially for the development, publication, and delivery of instruction. Material development time lines and on-going revisions based on Eddy/Northeast Health input and feedback that were incorporated across the delivery time lines for program activities might have impacted much more greatly on the stress levels of less experienced developers. Despite an "evolving" curriculum development team and coordination across agencies and facilities with a video consultant, deadlines were met and almost 1500 trainees and employees received instruction.

Desk-top publishing the materials did not present a problem for the developers, nor did production of the accompanying videotaped segments. Working in conjunction with the Eddy/Northeast Health training staff, PDP developers were able to script video footage suitable for use in training session situational examples. Due to the short duration of time for instruction in any one module, testing time was at a premium. The use of the same tests as both a pre- and post-assessment instruments for many modules provided a tool for measuring what was learned during the program and the degree of individual mastery of concepts presented; .however, using identical, rather than parallel instruments eliminated controlling for memory variables in the short period of time between measurements. Those modules that used self-assessment offered less objective measures of gains. Participant responses on self-appraisal scales often indicated the lack of commonly held and understood standards against which all participants were asked to measure their performance.

Content of the program curriculum was well designed, including the modeling of thought processes in those modules developed during the first half of the project. The resulting original materials created for the project contain strong lessons that offer participants opportunities to develop cognitive awareness of their thinking strategies during the application of basic skills to job tasks, and that enhance the probability of continued application of those skills learned. The scripted instructional guidelines for all modules eliminated any confusion or variations in content delivery or instructional quality and greatly facilitated the turning over of the program to Eddy/Northeast Health trainers for future delivery.

Program developer qualifications and previous experience were rich and highly professional; they provided a definite enhancement to the program overall. The ability of the Project Directors and the Eddy/Northeast Health Human Relations Vice President and their staffs to weather and overcome turnover and changes in organizational structure that were beyond their control, demonstrated strong commitment of the partners to program success and a keen awareness of the teamwork required to obtain it. Regular planning committee meeting attendance throughout the project underscored this high level of commitment to the project by the partners.

The omission of formal train-the-trainer sessions for PDP staff and Eddy Northeast Health trainers during program operations proved to be problematic; it hindered program continuity and may influence program replication that will remain true to the program's original goals and philosophical under-pinnings. On the other hand, careful attention given to the Eddy training content and culture at the onset of the project, and constant feedback from The Eddy facilitated the "good fit" of the *Essential Skills for the Care Team* program into the existing Eddy/Northeast Health training system.

Process: The extent to which program operations, development, and observed instruction were congruent with program goals and research on instructional effectiveness follows:

Areas of convergence and divergence - Participant engaged time was quite high and observed CNA and HHA participants spent 90%-95% of time in the training room actually participating in skill building activities. Both trainers and participants appeared motivated to take full benefit of training time and took pride in the efforts made. An example of this was evidenced during several delivery session observations, in which participants and instructors alike seemed reluctant to end the session, despite rigid time constraints. Numerous comments on participant post-surveys also indicated trainee and employee desire for additional time to spend in training courses such as these.

The quality of instruction was good overall. All of the developers and the Eddy/Northeast Health trainers, who were observed while delivered program sessions, appeared to be engaged in "reciprocal learning" with the participants and displayed a caring attitude and willingness to assist participants achieve their goals. An ability to demonstrate the thinking processes necessary for transferable basic skills to be taught contextually in an effective manner was evidenced in some, but not all instructional delivery.

Project management, selection and recruitment of participants, and so on, were well administered and appeared to be effective, with numbers of participants matching projected levels, despite lengthy start-up periods for each level of instruction that was developed. Normal tension with facility and agency supervisors over release of employees to attend sessions appears to have been dealt with as it arose and kept to a minimum. Participant comments about what they expected to learn and what they actually learned were good indications that, after the program design and contents were determined, program advertisement and publicity accurately reflected content.

Regularly scheduled meetings between the PDP and The Eddy/Northeast Health and active participation in these meetings by representatives of the partners demonstrated a high level of commitment and ability to work as a team. Topics addressed in the meetings allowed all partners to be kept up to date on project activities and progress and to give input into the decision-making process as options arose and were explored. Based on the minutes of these meetings, issues appear to have been addressed, discussed, investigated, and resolved as they were put on the table.

The number of pilot sessions was adequate and revisions based on feedback from these sessions were made in a timely manner. In so doing, the developers were able to create training programs that met the needs of The Eddy/Northeast Health so that they were able to be readily incorporated into the existing organizational pre-hire, new hire, and incumbent employee training courses. This indicates success of the project in developing a program that can be easily replicated by or incorporated into health care training systems throughout the country.

Product: The impact of the program was assessed with a combination of indicators, including comments gathered from participants, comparison of pre- and post-assessment scores, interviews with supervisors/managers, and evidence of dissemination. A summary of the results follows.

Business and industry organizations normally evaluate training on four levels. Because workplace literacy programs are directly related to assisting workers attain career goals by meeting job requirements and improving performance on job tasks, it is appropriate to measure program outcomes using this yardstick:

Level I - Does the proposed program match with an identified organizational need? In this case, the front-end analysis conducted by PDP identified organizational needs for improved CNA, HHA, and ancillary care workers workplace basic skills applications. Comparison of the objectives and contents of the *Essential Skills for the Care Team* training materials with these front-end literacy task analyses show that specific critical job tasks were identified and targeted. During development of Tier II materials, *New Directions in Customer Service*, the partnering organizations worked as a team to produce materials that continued to match closely with the organizational mission statement and training goals, despite organizational restructuring.

Level II - Do the participants selected for training master the content of the training program? Impressive gains from pre-/post-assessment scores, and post-program statements by participants, compared to pre-program goal statements, provide strong evidence that participants mastered the content of the *Essential Skills for the Care Team* program on all three levels. Post-program survey open-ended response items provided extensive evidence that participant goals had been worked toward or met, and that these goals coincided with the objectives of the training program. Gains on the assessment instrument also demonstrated training mastery. For data analysis purposes, the average percent of correct responses was calculated from individual raw score data. This enabled comparison of module gains by percentage of gains, without consideration for the number of items in each module. That there are short ranges of values for the average, median and mode, and total score in both the pre-assessment or post-assessment results (for those modules selected for more extensive analyses procedures) indicates that the assessment instruments are not skewed by one or two high or low scores. That gains were consistent in each category of assessment and for each of the modules provides an indication of the appropriateness of item design for discrimination. To further determine item difficulty and discrimination capabilities, and memory interference variables, a detailed analysis of response errors would need to be conducted.

The average percentage of gain was 18%. When compared to gains on standardized academic basic skills tests, this is comparable to a gain of two stanines, usually equated with two grade levels of improvement, within just forty (cumulative) hours of instruction. Research on the transfer of learning and on basic skills suggests that the reason for this might be use of the functionally contextual approach: 1, the closer the training task matches with the desired performance outcome, the more likely it is that positive transfer of learning will occur (Gick and Holyoak); and, 2, even a small amount of previous experience and knowledge base for the context to which the skills will apply, enables the learner to activate schema and raises the difficulty level of materials that can be comprehended by approximately 1-1.5 reading grade levels above that which would be achieved on a standardized reading test. (A complete display of assessment data can be seen in Appendix A.).

Level III - Do those participants who master training demonstrate improved job performance in areas identified as critical, to show positive transfer of learning?
Comments elicited from participants indicate that their perception of their personal learning was that it would directly impact on their job performance. The ability to transfer learning from training to performance is most dependent on the trainee's ability to identify performance situations to which he or she will apply the newly acquired skills, along with opportunities to use the new skills and the motivation to do so (Bramley). Again, the use of a functionally contextual approach facilitates recognition of situations in which new skills can be applied to performance.

The supervisors of CNAs and HHAs identified performance indicators and observable behaviors for measuring training transfer and program impact. Unfortunately, geographical distances and inadequate communication and leverage resulted in lack of completion and use of these data collection tools by the supervisors of the participants.

The indicators elicited do serve, however, as evidence that the tasks and skill competencies contained in the training correspond with the performance values of supervisors. That the participant scores demonstrate their mastery of the applied basic skill competencies they need to perform competently in their jobs, and that supervisors value these skills, provides an indication that, with motivation and opportunity to use their new skills, CNAs and HHAs will, in fact, transfer what they have learned to their job performance.

Level IV - Does impact on performance lead to demonstrable cost benefits, i.e., money saved or generated by the positive change in employee behavior? In this case, The Eddy/Northeast Health did not report indications of positive program impact via individual behavioral indicators, performance appraisals, or supervisor ratings before and after training participation; nor did they cross-reference these with the instructional objectives of the program. No data exists, therefore, for determining the possible cost benefits derived from employee participation in the program. During structured interview sessions with upper level management, various indicators of improved job behaviors that would result in fewer customer and care problems and greater longevity of workers were identified. These could be studied with a control group design to determine possible cost benefits from the training program, both immediately following training and at three month intervals thereafter, to determine the amount of long-term gains and their retention.

When programs are underwritten by federal funding, it is viewed in a positive way to apply such monies to value-added training for an organization's workers. When an organization does not elect to invest in continued human resource development, (*i.e.*, the program), at this level of commitment beyond the funding period, it indicates that such training has not become an organizational priority. In discussions held by the evaluator with representatives from The Eddy/Northeast Health near the conclusion of the project, the decision to institutionalize the demonstration project training modules was viewed as highly likely. This is strong evidence that the program is perceived to be one that adds value to The Eddy/Northeast Health.

If The Eddy/Northeast Health is to continue offering *Essential Skills for the Care Team* modules as a part of its core training for CNAs, HHAs and incumbent ancillary workers, the tasks and materials will need to be updated periodically to ensure that they remain valid contextual examples of actual workplace situations and requirements. The process and design pattern for curriculum development set out by PDP in its model of functionally contextual instruction provides a proven prototype that could be replicated for development of additional exercises. The training and use of in-house or external instructors to support delivery, or self-instruction of *Essential Skills for the Care Team* in the future is wholly dependent upon the staffing needs of The Eddy/Northeast Health; but the well-developed, structured, published instructor guidelines, videotape vignettes, and Web TV access for the modules ensure the flexibility of future delivery options.

Conclusions and Recommendations

Based on the results of this evaluation, the following conclusions and recommendations concerning stated grant goals are offered.

There is strong evidence showing:

- that a workplace literacy program model for eldercare workers has been developed and demonstrated that is both effective for the specific context of the project, and transportable across the industry, including instructional design and materials, through:

  -conducting a thorough workplace literacy task analysis of all targeted job categories across The Eddy and its network of affiliates;

  -producing a 40-hour two-tiered curriculum in workplace literacy skills for Certified Nursing Assistants, Home Health Care Aides, and ancillary staff of the care plan team, the housekeeping and custodial workers, and the food service staff, that addresses the results of the task analyses and that will be partially video-based;

  -delivering the 20-hour, Tier I curriculum over the three-year period of funding to all new hires in the targeted job categories across the network of affiliates (approximately 750 employees);

  -delivery of the 20-hour, Tier II curriculum over the third year of funding to all veteran staff, including those who received the Tier I instruction in the first and second years of funding (approximately 840 employees);

  -tailoring the existing 4-hour *Learning Strategies* module to the Nurse Aide and Home Health Care Aide new hire population to prepare them for their initial job training, and to deliver this module to all the new hires during the course of the three year period of funding through a video-based module;

-developing a 4-hour orientation and instruction program for supervisors of the targeted workers;

-producing, through an outside evaluator, an analysis of the overall effectiveness of the proposed program with respect to immediate target population and the industry within which it is implemented; and,

-making the curriculum design and materials available to the adult literacy field and the eldercare industry through conference presentations, professional gatherings, and various publications.

There is a moderate amount of evidence indicating:

- that literacy gains were produced among members of the Care Plan Team of The Eddy and its network of affiliates—the Certified Nursing Aides, the Home Health Care Aides, and the ancillary housekeeping, custodial, and food service staffs—in order to enable the aides to complete the initial job training, and to enable all staff to perform literacy-related job tasks more effectively to increase job productivity, through:

  -developing and administering a workplace literacy skills assessment that will inform instruction and be used as the basis for Individual Education Plans; and,

  -developing and periodically administering workplace literacy assessment and evaluation measures that yield quantitative data to examine the effects of instruction.

There is little or no evidence indicating:

- that a process was designed for the development and implementation of the Individualized Education Plan for each new hire, that incorporates a role for The Eddy's human resource and training functions; and

- that the capacity to provide ongoing support to the targeted workers after their initial training was developed through the supervisory staff of the targeted categories of workers, through The Eddy's human resource counseling function, through the Literacy Volunteers of America of New York State local affiliates, through the establishment of learning resource centers within the physical plant of and its network affiliates, and through a peer "buddy" system.

Recommendations:

1. Identify individual activities or responses that directly correlate with each learning objective or competency for each module. Use these to create performance-based or written items to develop parallel versions of a testing instrument to measure levels of skill attainment resulting from training.

2. Develop performance indicators, from supervisor input, for each critical job task addressed by the training modules. Use these indicators to benchmark pre-training levels of performance and to measure post-training levels of performance of participants. Use this information to determine the amount of impact of training on job performance and to set performance standards for appraisals. Also use this information to modify course content, as needed, and to determine team, department, and/or facility/agency future training needs. Also use this information

3. Conduct extensive literacy task analyses on job tasks other than CNAs and HHAs. Use the results to revise and update Tier II modules in order to incorporate cognitive, or human information processing, skill objectives into

instruction that will enhance the transfer of training to job performance for participants.

4. As an organization, revisit the project goals and objectives for utilizing individual education plans and learning support structures (*e.g.*, LVA-NY, learning resource centers, HR counseling) for employees who participate in training. These may prove useful as training restructures to include the use of multiple delivery formats, some of which, (*e.g.*, Web TV), may be off-site.

Concluding Statement: After working with this project for over 3 years, it is the opinion of this evaluator that this has been one of the better U.S Department of Education Workplace Literacy demonstration projects funded to date. This conclusion is based on abundant evidence showing: 1.), the vast amount of high quality, customized functionally contextual training materials that the PDP staff produced throughout the demonstration period; 2.), the ability of the Project Directors and The Eddy/Northeast Health Human Resources Vice President and training staff to accomplish project tasks and solve unforeseen problems through tenacity, innovation, unflagging high energy levels, and constant attention to detail; and, 3.), the pending institutionalization and ongoing enthusiastic support for the project by its organizational partner. These ingredients indicate success.

Appendix A:

Pre- and Post-Assessment Data

Self Assessment content:

1. On the following scale, rate yourself as a learner.
1-I lack self confidence as a learner
5-I have a strong sense of myself as a competent learner.

2 On the following scale, rate your readiness for this training.
1-I am not sure if I am ready for this training.
5-I am confident that I am fully prepared for this training.

3 On the following scale, rate your ability to take notes when someone is giving a lecture.
1-I do not have ideas for taking effective notes during a lecture.
5-I know how to take notes effectively during a lecture.

4 On the following scale, rate your ability to skim material before you read it.
1-I am unsire of the way to skim material before I read it to get the big picture.
5-I know the way to skim material before I read it to get the big picture.

5. On the following scale, rate your ability to highlight key information on written materials while listening to an instructor.
1-I am unsure what to highlight to help me remember key information.
5-I know what to highlight to help me remember key information.

6. On the following scale, rate your understanding of closed and open questions.
1-I am not sure how and why to ask closed or open questions.
5-I understand how and why to ask closed or open questions.

7 On the following scale, rate your knowledge of effective test taking strategies.
1-I do not know effective strategies to use for taking tests.
5-I know effective strategies to use for taking tests.

8. On the following scale, rate your knowledge of effective strategies to reduce test anxiety.
1-I do not know how to reduce test anxiety.
5-I know effective strategies to use to reduce test anxiety.

Comments by learners:
I was intimidated --the first day even though I have known other people who have taken this course.
I feel much more confident and I'm very anxious about completion of the course.
I am better than I thougth I was.!
My understanding and knowledge of matters were better than I had before this course.
I now feel that I am able to take notes and skim more effectively.
I definitely will use the information I've obtained through this workshop. Thanks!
I am doing better than before this program.
I learned a lot but I think I can learn more.

PLEASE NOTE: The data displayed on pages A-2 through A-15 represent the self-assessments of participants indicated by the numbers in the top row (n=213). Average, median, and mode are displayed on page A-15.

PRE SELF-ASSESSMENT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Self rating as a learner	3	5	4	3	5	3	5	5	5	4	5	3	5	4	4	5	3	5	4	4	5	4
Readiness for training	5	5	4	5	4	5	5	5	5	4	5	4	4	5	3	5	3	4	4	5	5	3
Ability to take lecture notes	2	4	4	3	5	3	4	5	4	3	5	4	5	2	4	5	2	5	4	4	5	5
Skimming material before reading	1	4	4	3	5	3	4	4	4	3	4	4		2	3	5	2	5	4	4	5	5
Highlighting key information	4	5	3	1	5	4	4	4	3	4	5	3	5	3	4	5	2	5	4	4	5	5
Understanding of open/closed questions	2	4	4	3	5	4	4	4	4	3	5	2		3	1	5	2	4	4	4	5	4
Knowledge of test-taking strategies	3	4	3	3	4	3	4	5	4	4	4	3	4	4	3	4	2	4	4	4	5	4
Strategies for reducing test anxiety	4	2	3	4	5	2	4	4	5	4	4	2		5	3	4	2	4	4	4	5	3
POST SELF-ASSESSMENT																						
Self rating as a learner	5	4	5	5	5	4	5	5	5	5	5	5	5	3	5	4	5	4	4	5	4	4
Readiness for training	5	5	4	4	5	4	5	5	5	5	5	5	5	3	4	4	5	4	4	5	4	3
Ability to take lecture notes	4	4	4	4	5	2	5	4	4	5	4	4	5	4	5	3	4	5	4	4	5	4
Skimming material before reading	5	5	5	4	5	4	4	4	4	4	3	5	5	4	5	3	4	5	3	1	4	3
Highlighting key information	4	5	4	4	5	4	5	4	4	5	5	5	5	4	5	4	4	4	3	4	3	3
Understanding of open/closed questions	5	5	4	5	5	4	5	4	4	4	5	4	5	4	5	4	4	4	5	4	3	4
Knowledge of test-taking strategies	4	4	4	5	5	4	5	4	4	4	5	4	5	4	5	4	4	4	4	3	3	3
Strategies for reducing test anxiety	5	4	5	4	5	4	5	4	4	5	5	4	5	4	5	5	4	4	4	3	3	3

PRE SELF-ASSESSMENT	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41
Self rating as a learner	4	5	4	3	4	4	3	4	4	4	3	4	5	4	4	5	5	4	5
Readiness for training	4	5	5	5	4	3	3	4	5	5	4	5	5	4	5	5	5	4	5
Ability to take lecture notes	5	5	3	4	3	3	2	4	4	3	3	4	5	2	4	5	5	4	4
Skimming material before reading	3	5	4	4	3	3	3	3	5	3	4	3	5	3	4	5	4	4	5
Highlighting key information	2	5	4	4	2	2	1			3	4	5	5	3	5	5	4	4	4
Understanding of open/closed questions	5	5	3	5	1	4	3			3	4	5	4	4	4	5	4	4	5
Knowledge of test-taking strategies	4	5	3	3	2	3	3			3	3	4	4	3	3	4	5	3	4
Strategies for reducing test anxiety	3	5	2	3	2	3	1			2	3	4	4	3	3	5	5	3	5
POST SELF-ASSESSMENT																			
Self rating as a learner	3	4	4	3	4	4	4	5	4	3	5	5	5	5	3	4	3	4	5
Readiness for training	3	4	4	3	4	5	4	5	4	4	5	5	4	5	4	5	4	5	5
Ability to take lecture notes	3	4	4	4	4	5	4	5	3	4	5	5	5	5	4	5	3	5	5
Skimming material before reading	4	4	4	3	4	5	4	4	4	3	5	4	5	5	4	5	2	4	5
Highlighting key information	3	4	4	4	3	5	4	5	4	4	5	5	5	5	5	5	3	3	5
Understanding of open/closed questions	3	4	4	3	4	5	4	5	5	4	5	5	5	5	4	5	3	4	5
Knowledge of test-taking strategies	3	4	4	3	3	5	4	5	4	2	5	5	5	5	4	5	2	5	5
Strategies for reducing test anxiety	3	4	4	2	4	5	4	5	3	2	5	4	5	5	5	5	2	5	5

PRE SELF-ASSESSMENT	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
Self rating as a learner	5	5	5	4	4	3	4	5	5	4	4	5	5	3	4	1	3	4	5
Readiness for training	3	5	5	5	4	5	4	5	5	4	5	5	5	4	5	1	4	4	5
Ability to take lecture notes	5	5	4	4	4	3	5	4	5	4	5	4	4	3	5	1	5	3	5
Skimming material before reading	4	5	5	3	4	3	4	5	5	4	5	4	5	3	5	1	5	3	5
Highlighting key information	5	5	5	4	4	4	5	5	5	4	4	4	5	3	5	1	5	3	5
Understanding of open/closed questions	4	4	4	4	3	2	4	4	5	4	4	4	4	4	4	1	2	3	5
Knowledge of test-taking strategies	4	5	5	4	3	1	4	5	5	4	4	4	4	4	4	1	4	3	5
Strategies for reducing test anxiety	5	5	5	3	3	1	4	5	5	4	4	3	4	3	4	1	4	3	4
POST SELF-ASSESSMENT																			
Self rating as a learner	3	5	5	3	2	5	5	5	5	3	4	5	4	5	5	5	4	5	5
Readiness for training	3	5	5	3	3	5	5	5	5	3	5	5	5	5	5	4	5	5	5
Ability to take lecture notes	3	3	5	4	3	4	4	5	5	4	3	4	3	5	4	4	4	5	5
Skimming material before reading	3	5	5	4	3	4	4	4	5	4	4	4	3	5	4	5	4	4	4
Highlighting key information	4	3	5	4	3	4	4	4	5	4	4	5	3	5	5	5	5	5	5
Understanding of open/closed questions	4	3	5	3	2	4	4	4	5	3	3	5	4	5	5	4	3	4	5
Knowledge of test-taking strategies	4	3	5	4	3	4	4	5	5	4	4	3	4	5	4	4	4	5	5
Strategies for reducing test anxiety	4	3	5	5	3	4	4	4	5	5	5	1	3	5	4	3	4	5	5

PRE SELF-ASSESSMENT	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79
Self rating as a learner	1	5	4	2	2	5	5	5	4	5	4	4	3	4	4	3	4	3	5
Readiness for training	3	5	4	4	4	3	5	5	5	5	5	4	3	3	5	5	5	4	5
Ability to take lecture notes	4	3	3	2	3	5	4	5	3	3	4	2	3	5	3	5	3	2	4
Skimming material before reading	4	3	3	2	3	4	4	5	4	5	4	3	3	3	2	5	4	2	5
Highlighting key information	5	4	4	4	3	5	4	5	5	5	4	3	3	5	4	5	2	2	5
Understanding of open/closed questions	4	4	3	2	4	4	1	5	4	3	4	4	3	5	1	4	2	3	4
Knowledge of test-taking strategies	4	4	2	2	4	5	1	4	4	4	4	4	2	3	3	3	3	2	5
Strategies for reducing test anxiety	4	4	3	3	3	3	1	4	4	1	4	4	2	4	2	3	4	2	5
POST SELF-ASSESSMENT																			
Self rating as a learner	5	5	5	5	5	5	1	4	4	5	5	5	3	4	3	4	5	3	5
Readiness for training	5	5	5	5	5	5	1	4	5	5	4	5	4	5	4	5	5	3	5
Ability to take lecture notes	5	5	5	5	5	5	3	5	4	5	5	4	4	5	3	5	5	3	3
Skimming material before reading	5	4	5	5	5	5	4	4	5	5	4	5	4	5	2	4	5	3	5
Highlighting key information	5	5	5	5	5	5	3	4	5	5	5	4	5	5	3	3	5	4	3
Understanding of open/closed questions	5	4	5	4	5	5	4	5	5	5	5	5	4	5	3	4	5	4	3
Knowledge of test-taking strategies	5	4	4	5	5	5	3	5	4	5	4	5	4	5	2	5	5	4	3
Strategies for reducing test anxiety	5	5	4	5	5	5	3	5	4	5	4	5	5	5	2	5	5	4	3

PRE SELF-ASSESSMENT	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98
Self rating as a learner	4	4	3	4	5	5	4	4	5	3	4	5	3	3	3	4	4	3	3
Readiness for training	5	4	5	4	5	5	4	5	3	4	5	5	4	3	4	4	5	4	3
Ability to take lecture notes	4	4	3	5	4	5	4	5	2	2	5	5	3	3	3	3	4	3	3
Skimming material before reading	3	4	3	4	5	5	4	5	5	4	4	4	2	3	3	3	4	2	3
Highlighting key information	4	4	4	5	5	5	4	4	5	5	4	5	2	3	3	4	4	4	3
Understanding of open/closed questions	4	3	2	4	4	5	4	4	3	4	4	4	2	2	3	3	4	4	3
Knowledge of test-taking strategies	4	3	1	4	5	5	4	4	5	4	4	4	3	2	3	3	4	4	3
Strategies for reducing test anxiety	3	3	1	4	5	5	4	4	5	3	3	4	2	1	3	2	3	1	3
POST SELF-ASSESSMENT																			
Self rating as a learner	4	4	4	4	3	4	3	4	3	5	5	5	4	5	5	5	4	5	5
Readiness for training	4	5	5	5	5	5	4	5	4	5	5	5	5	5	5	4	5	5	5
Ability to take lecture notes	4	5	4	3	5	3	2	4	4	5	5	5	5	5	4	4	4	5	5
Skimming material before reading	5	2	4	4	5	4	2	5	5	5	5	5	4	5	4	5	4	4	4
Highlighting key information	4	4	5	5	5	2	2	5	4	5	5	5	5	5	5	5	5	5	5
Understanding of open/closed questions	3	5	4	5	4	2	3	4	4	5	5	5	5	5	5	4	3	4	5
Knowledge of test-taking strategies	4	3	4	4	3	3	2	4	4	5	5	5	5	5	4	4	4	5	5
Strategies for reducing test anxiety	5	4	4	5	3	4	2	4	4	4	5	5	5	5	4	3	4	5	5

PRE SELF-ASSESSMENT	99	100	101	102	103	104	105	106	107	108	109	110	111	112
Self rating as a learner	5	5	3	5	3	3	5	4	4	4	4	3	5	4
Readiness for training	4	5	4	5	5	2	5	4	4	4	5	5	5	5
Ability to take lecture notes	5	4	4	5	3	2	5	3	4	3	4	3	4	5
Skimming material before reading	5	5	3	5	3	2	5	4	3	2	5	1	4	5
Highlighting key information	4	5	4	5	4	3	5	3	4	4	4	3	4	5
Understanding of open/closed questions	3	5	3	5	4	2	4	4	3	1	3	1	5	4
Knowledge of test-taking strategies	5	4	2	5	2	2	5	4	4	2	4	1	4	3
Strategies for reducing test anxiety	4	4	2	4	3	2	5	4	4	2	3	1	4	2
POST SELF-ASSESSMENT														
Self rating as a learner	5	5	5	5	4	4	5	5	3	5	4	5	4	4
Readiness for training	5	5	5	4	5	4	5	4	3	5	5	5	4	5
Ability to take lecture notes	5	5	5	5	4	4	5	2	2	5	4	4	4	5
Skimming material before reading	5	4	5	5	3	4	5	5	3	5	4	4	5	3
Highlighting key information	5	5	5	5	4	4	4	3	2	5	4	4	4	3
Understanding of open/closed questions	5	4	5	5	4	4	5	1	2	5	4	5	5	4
Knowledge of test-taking strategies	5	4	4	4	4	4	5	2	3	5	4	5	4	4
Strategies for reducing test anxiety	5	5	4	4	5	4	4	2	3	5	5	5	4	4

PRE SELF-ASSESSMENT	113	114	115	116	117	118	119	120	121	122	123	124	125	126
Self rating as a learner	4	3	3	4	3	4	4	3	5	5	3	4	3	4
Readiness for training	3	3	3	4	5	4	5	5	5	5	4	5	4	4
Ability to take lecture notes	3	3	3	3	4	3	3	3	4	4	3	5	5	3
Skimming material before reading	4	4	3	2	3	3	4	3	4	5	2	5	5	3
Highlighting key information	3	3	4	4	4	4	4	4	4	5	3	5	5	3
Understanding of open/closed questions	3	4	3	2	3	2	3	3	4	4	4	4	2	3
Knowledge of test-taking strategies	3	4	3	3	2	3	4	3	4	4	3	4	4	3
Strategies for reducing test anxiety	3	4	3	1	2	3	4	3	3	4	3	4	4	3
POST SELF-ASSESSMENT														
Self rating as a learner	5	5	3	5	3	3	5	5	5	3	3	5	5	3
Readiness for training	5	5	5	5	4	2	5	5	4	5	5	5	5	4
Ability to take lecture notes	4	3	3	5	2	3	5	5	4	3	4	4	5	3
Skimming material before reading	5	3	3	5	3	3	5	5	4	3	4	4	4	3
Highlighting key information	5	4	5	5	4	3	5	5	4	1	5	4	5	3
Understanding of open/closed questions	5	5	5	5	3	4	5	5	3	5	5	4	4	4
Knowledge of test-taking strategies	5	5	5	5	4	3	5	5	5	4	4	5	4	2
Strategies for reducing test anxiety	5	5	5	5	4	3	5	5	5	5	5	4	5	3

PRE SELF-ASSESSMENT	127	128	129	130	131	132	133	134	135	136	137	138	139	140
Self rating as a learner	5	5	4	3	4	4	3	2	2	4	5	5	3	3
Readiness for training	5	4	5	5	5	3	4	4	4	4	5	5	4	4
Ability to take lecture notes	5	4	3	3	4	4	4	2	3	3	4	4	3	4
Skimming material before reading	5	4	3	4	4	3	5	2	3	2	3	5	4	3
Highlighting key information	5	3	3	4	5	4	4	4	3	4	4	4	4	4
Understanding of open/closed questions	5	3	3	4	4	3	4	2	4	3	2	4	1	3
Knowledge of test-taking strategies	5	3	4	3	4	4	4	2	4	4	4	4	3	2
Strategies for reducing test anxiety	4	3	4	3	3	4	4	3	3	3	3	5	1	2
POST SELF-ASSESSMENT														
Self rating as a learner	4	4	5	3	5	5	1	4	5	5	5	4	4	5
Readiness for training	3	4	5	4	5	5	4	4	5	5	5	4	5	5
Ability to take lecture notes	3	4	4	3	5	3	4	3	5	5	5	5	4	5
Skimming material before reading	4	4	4	3	4	3	3	3	5	5	5	4	5	5
Highlighting key information	5	4	4	4	4	3	3	4	5	4	5	4	5	5
Understanding of open/closed questions	2	5	4	1	5	1	3	3	4	5	5	5	5	5
Knowledge of test-taking strategies	3	4	3	3	5	2	1	4	5	5	5	5	4	5
Strategies for reducing test anxiety	3	4	4	4	4	3	1	4	5	5	5	5	4	5

PRE SELF-ASSESSMENT	141	142	143	144	145	146	147	148	149	150	151	152	153	154
Self rating as a learner	4	3	5	3	4	4	4	4	3	3	2	4	3	4
Readiness for training	4	5	5	5	5	5	5	5	4	4	3	5	5	3
Ability to take lecture notes	3	3	5	3	4	5	4	3	3	4	4	5	5	3
Skimming material before reading	3	3	2	3	5	5	4	3	2	3	4	4	5	4
Highlighting key information	3	5	4	5	4	4	4	4	4	4	3	4	5	4
Understanding of open/closed questions	4	4	2	3	5	5	3	4	2	4	3	2	4	4
Knowledge of test-taking strategies	3	4	3	3	4	4	4	4	4	3	4	3	3	2
Strategies for reducing test anxiety	3	5	3	2	3	4	3	4	2	4	1	2	2	3
POST SELF-ASSESSMENT														
Self rating as a learner	5	4	5	3	4	5	4	4	4	5	4	3	4	3
Readiness for training	4	5	5	3	3	4	5	4	5	5	4	4	3	3
Ability to take lecture notes	5	5	5	3	4	5	4	3	3	4	3	3	4	4
Skimming material before reading	4	5	5	3	4	5	5	3	2	4	3	2	4	5
Highlighting key information	5	4	5	3	4	5	5	4	4	5	3	4	4	4
Understanding of open/closed questions	5	5	5	3	4	5	4	3	2	5	5	3	3	5
Knowledge of test-taking strategies	4	4	5	3	3	5	4	3	3	5	3	3	4	5
Strategies for reducing test anxiety	4	5	5	3	5	4	4	3	3	5	3	3	3	5

PRE SELF-ASSESSMENT	155	156	157	158	159	160	161	162	163	164	165	166	167	168
Self rating as a learner	4	5	4	3	5	4	3	4	2	3	3	3	4	4
Readiness for training	5	5	5	3	4	5	5	5	4	4	3	4	4	5
Ability to take lecture notes	4	4	4	3	4	3	3	4	2	3	3	3	3	4
Skimming material before reading	4	1	4	2	4	3	4	4	3	2	3	3	3	4
Highlighting key information	3	2	4	3	3	3	4	5	3	2	3	3	4	4
Understanding of open/closed questions	3	2	4	3	3	3	4	4	1	2	2	3	3	4
Knowledge of test-taking strategies	3	1	3	2	3	4	3	4	2	3	2	3	3	4
Strategies for reducing test anxiety	3	1	3	1	3	4	3	3	2	2	1	3	2	4
POST SELF-ASSESSMENT														
Self rating as a learner	5	4	4	4	5	5	5	3	3	3	4	4	3	3
Readiness for training	5	4	5	5	5	4	5	3	4	4	4	4	3	4
Ability to take lecture notes	4	3	5	5	4	4	5	2	4	2	3	3	4	5
Skimming material before reading	4	4	4	5	4	4	2	2	4	2	3	3	4	3
Highlighting key information	5	3	5	5	4	4	5	5	3	2	4	4	4	5
Understanding of open/closed questions	4	4	5	5	5	5	3	3	3	3	4	3	5	4
Knowledge of test-taking strategies	4	3	4	4	5	5	3	3	4	2	3	3	5	3
Strategies for reducing test anxiety	5	5	4	5	5	4	2	1	3	1	3	4	5	5

PRE SELF-ASSESSMENT	169	170	171	172	173	174	175	176	177	178	179	180	181	182
Self rating as a learner	3	5	5	4	3	4	4	3	5	4	4	4	3	4
Readiness for training	4	5	5	4	4	5	3	5	5	4	5	4	4	3
Ability to take lecture notes	3	4	5	3	4	4	3	4	5	3	5	5	3	4
Skimming material before reading	2	4	5	2	3	4	3	2	5	3	4	5	4	5
Highlighting key information	4	5	4	2	3	3	4	4	5	4	5	5	3	4
Understanding of open/closed questions	4	4	3	3	2	4	4	1	4	3	5	3	3	2
Knowledge of test-taking strategies	4	5	4	3	2	4	3	3	5	3	4	5	3	4
Strategies for reducing test anxiety	1	5	4	3	2	4	3	2	4	3	5	5	3	1
POST SELF-ASSESSMENT														
Self rating as a learner	4	5	2	3	4	3	4	5	3	4	5	3	5	4
Readiness for training	4	4	5	4	4	4	5	5	3	3	4	3	5	5
Ability to take lecture notes	5	3	3	4	3	3	5	5	3	4	5	2	5	4
Skimming material before reading	5	4	2	4	3	3	5	5	3	4	4	3	5	4
Highlighting key information	3	4	3	5	4	4	4	5	3	4	5	2	5	4
Understanding of open/closed questions	3	3	3	5	3	4	5	5	3	4	5	2	5	4
Knowledge of test-taking strategies	4	3	2	3	4	3	4	5	3	3	5	3	5	4
Strategies for reducing test anxiety	5	3	2	4	4	3	5	5	3	3	4	3	5	5

PRE SELF-ASSESSMENT	183	184	185	186	187	188	189	190	191	192	193	194	195	196
Self rating as a learner	4	4	3	3	4	5	3	5	4	4	5	4	4	4
Readiness for training	5	5	5	5	4	5	4	4	5	3	5	3	5	4
Ability to take lecture notes	3	4	2	5	3	5	4	5	2	4	5	2	5	4
Skimming material before reading	2	4	4	5	3	4	4	4	2	3	5	4	4	3
Highlighting key information	4	4	2	4	4	5	3	5	3	4	5	3	3	3
Understanding of open/closed questions	2	4	1	3	3	5	2	5	3	1	5	3	4	3
Knowledge of test-taking strategies	3	4	3	4	4	4	3	4	4	3	4			
Strategies for reducing test anxiety	3	4	1	3	4	4	2	4	5	3	4			
POST SELF-ASSESSMENT														
Self rating as a learner	5	4	5	5	5	4	3	4	4	4	5	5	3	5
Readiness for training	5	4	4	5	5	4	3	4	4	4	5	5	3	4
Ability to take lecture notes	4	4	5	4	5	3	3	3	3	4	5	4	3	5
Skimming material before reading	4	5	5	5	5	5	3	3	3	5	5	4	3	5
Highlighting key information	4	4	4	5	5	4	4	3	4	5	5	5	3	5
Understanding of open/closed questions	5	5	4	5	5	5	2	5	4	5	5	5	2	5
Knowledge of test-taking strategies	5	4	4	5	5	5	3	4	3	5	5			
Strategies for reducing test anxiety	5	4	5	4	5	5	3	4	3	4	5			

PRE SELF-ASSESSMENT	197	198	199	200	201	202	203	204	205	206	207	208	209	210
Self rating as a learner	1	5	4	4	5	5	5	5	4	3	5	5	4	4
Readiness for training	5	5	4	5	5	5	5	5	5	5	4	5	5	5
Ability to take lecture notes	1	4	5	4	4	5	5	5	4	4	4	5	4	4
Skimming material before reading	5	4	5	4	4	5	5	5	4	4	4	5	4	4
Highlighting key information	5	5	4	4	3	5	5	5	4	3	5	5	3	4
Understanding of open/closed questions	5	4	3	4	4	4	5	4	2	3	3	5	2	3
Knowledge of test-taking strategies								4	4	3	4	5	4	3
Strategies for reducing test anxiety								1	4	2	5	5	3	3
POST SELF-ASSESSMENT														
Self rating as a learner	3	5	4	5	3	2	5	5	5	5	5	5	4	4
Readiness for training	3	4	3	5	4	4	5	5	5	5	5	4	5	5
Ability to take lecture notes	3	4	4	5	2	4	4	5	4	4	5	5	5	5
Skimming material before reading	5	5	4	5	4	4	4	4	3	5	5	5	3	4
Highlighting key information	4	5	4	5	4	4	4	5	5	5	5	4	1	4
Understanding of open/closed questions	4	4	5	5	5	4	4	4	5	4	5	5	5	4
Knowledge of test-taking strategies								4	5	4	5	4	3	4
Strategies for reducing test anxiety								5	5	4	5	5	2	4

PRE SELF-ASSESSMENT	211	212	213		Average	Median	Mode
Self rating as a learner	4	3	4		3.93	4	4
Readiness for training	5	5	5		4.41	5	5
Ability to take lecture notes	4	4	5		3.78	4	4
Skimming material before reading	4	4	4		3.72	4	4
Highlighting key information	5	5	4		3.96	4	4
Understanding of open/closed questions	5	4	4		3.44	4	4
Knowledge of test-taking strategies	4	4	4		3.53	4	4
Strategies for reducing test anxiety	4	3	4		3.24	3	3
POST SELF-ASSESSMENT							
					Average	Mean	Mode
Self rating as a learner	1	5	4		4.23	4	5
Readiness for training	5	5	5		4.43	5	5
Ability to take lecture notes	2	5	5		4.10	4	5
Skimming material before reading	1	5	4		4.07	4	4
Highlighting key information	5	4	4		4.24	4	5
Understanding of open/closed questions	4	5	5		4.21	4	5
Knowledge of test-taking strategies	3	3	5		4.06	4	4
Strategies for reducing test anxiety	4	4	5		4.15	4	5

Date ref.	Ques 1	Ques 2	Ques 3	Ques 4	Ques 5
11/14/97	4	4	4	4	4
	5	4	4	4	5
11/10/97	4	5	5	5	4
	4	4	4	4	4
10/8/97	5	5	5	5	5
	5	5	5	5	5
	5	5	4	4	4
	4	4	5	4	4
8/8/95	5	5	5	5	
	5	5	5	5	
	4	5	5	5	
	5	5	5	5	
	3	4	4	5	
	4	3	3	3	
	4	3	4	3	
	5	4	5	5	
	4	3	3	4	
	5	4	4	4	
	3	3	4	4	
	4	3	3	3	
	4	3	3	4	
	5	4	4	4	
	3	3	4	4	
10/8/96	5	5	5	5	
	5	5	5	5	
	5	1	3	3	
	5	5	5	5	
	5	5	5	5	
	5	5	5	5	
Average Ratings	**4.45**	**4.10**	**4.31**	**4.34**	**4.38**

Questions:

1.The purpose and objectives of the sesion were clear.
1-strongly disagree
2-disagree
3-neither agree nor disagree
4-agree
5-strongly agree

2. The content was appropriate to my needs.
3. The knowledge and skills gained from this session will help me in the rest of the 100-hour training.
4. The overall quality of this session was excellent.
5.I anticipate being able to apply what I learned in this session to my job.
6. What materials, activities, etc., did you like best?

Learner Comments:

Videos, instructor going over the material and tests in a manner and tone of voice that helps you to retain the information.

The videos and listening to other aides on the videos to get input to better give me more understanding on how patients need to be better taken care of.

I liked all the materials.
Hands-on training.
Different lecturers providing informative experiences--group discussions--videos were informative.
Hands-on training.
Hearing the views of students and their experiences; the detail of the subject presented (ex. Open/closed questions)
The video presentation was excellent.
there were real people in the video that actually went through the course, not actors.
the Learning Strategies Inventory
The video tapes, notes, activities were funa swell as very informing. I enjoyed the representatives very much!
The discussion after and during the activity and the relaxed manner in which it was approached.
The activities that made you think after making a statement and realizing a different outlook or approach and being open-minded and ready for change.
Watching TV , a list, jotting down notes all of us communicated about everything.
The cards are a big PLUS
I liked the cards that were handed out.
Class discussions
the talking
Skimming techniques
I liked talking, learning, and personalizing it to make it easier.
The videos and listening to other aides on the videos to get input to better give me more understanding on how patients need to be better taken care of.
To be open, take notes, ask lots of questions, be prepared by your training and studying for the job.
I liked them all.
I really liked the videos. I think they really put things into perspective.

classref.	goals yes	goals no	interest	use on job	difficulty	use in life	expected	materials	recom yes	recom no
12/30/96	1		4	5	4	5	3	4	1	
	1		3	3	3	3	3	3	1	
	1		4	5		4	5	4	1	
	1		3	3	2	3	2	2	1	
	1		4	5	2	3	3	3	1	
11/14/97	1		5	5	4	5	5	4	1	
	1		5	5	3	5	5	3	1	
	1		4	4	3	4	4	2	1	
11/10/97	1		5	5	4	5	5	4	1	
	1		4	4	3	3	4	2	1	
		1	2	3	1	4	4	1	1	
6/11/97	1		4	4	1	4	3	5	1	
	1		5	5	3	5	3	2	1	
	1		5	5	3	5	4	2	1	
	1		5	5	5	5	5	2	1	
	1		5	5	3	5	3	1	1	
	1		5	5	3	5	4	3	1	
	1		4	5	1	5	4	4	1	
		1	2	2	1	2	2	2	1	
4/7/97	1		5	5	4	5	5	1	1	
	1		4	4	1	4	3	1	1	
	1		5	5	3	5	5	2	1	
	1		5	5	5	5	1	5	1	
	1		5	1	2	4	3	1	1	
	1		4	3	2	2	3	1	1	
		1	5	1	1	5	1	1		
	1		5	5	3	5	5	4		1
	1		5	5	4	5	5	5	1	
4/21/97	1		5	5	3	3	3	1	1	
	1		5	5	4	4	4	4	1	
		1	3	3	1	3	3	1	1	
	1		5	5	3	4	5	5	1	
	1		3	3	1	3	3	1	1	
	1		5	4	2	4	4	5	1	
	1		5	4		4	5	4	1	
	1		4	3	3	3	3	3	1	
10/15/97	1		5	5		5	5	2	1	
	1		5	5	3	5	4	3	1	
		1	5	4	3	2	3	3	1	
	1		5	5	1	4	5	1	1	
		1	5	4	3	4	2	2	1	
10/14/97	1		5	5	3	5	5	4	1	
	1		4	5	3	4	3	4	1	
	1		5	5	5	5	1	3	1	
	1		3	4	3	5	2	1	1	
	1		5	5	3	5	4	3	1	
	1		4	3	3	4	3	1	1	
	1		4	4	2	4	3	2	1	
	1		5	5	3	4	3	3	1	
	1		3	4	2	4	1	2	1	
11/21/96		1	5	5	3	3	3	2	1	
	1		5	5	3	3	3	2	1	
		1	3	4	3	4	3	2	1	
10/29/96	1		4	5	3	3	1	3	1	
	1		4	5	3	3	5	2	1	
	1		4	5	2	4	3	2	1	
		1	3	3	2	2	2	1	1	
		1	4	4	1	2	3	1	1	
	1		3.5	3.5	2	3	3	1	1	
	1		4	5	3	2	4	4	1	
6/25/96	1		5	5	2	5	3	1	1	
	1		4	5	3	3	3	3	1	
		1	5	5	1	3	2	1	1	
	1		5	5	5	5	5	5	1	
	1		5	5	5	5	5	5	1	
Totals	**54**	**11**							**63**	**1**
Average Ratings			**4.35**	**4.33**	**2.73**	**3.97**	**3.45**	**2.57**		

Questions:

1. Were the scenarios realistic?
2. Did you enjoy the brief video scenarios?
3. Did you recognize behaviors of anyone you work with?
4. Did you recognize some of your own behaviors?
5. Were the learning points clear to you?
6. Was much of the information new to you?
7. Did the module make you **think** about the way you talk on the telephone?
8. Are you more aware now than you were before about the difficulties of communicating on the telephone?
9. Do you think the other staff in your facility should work on their telephone skills?
10. Was anything left out that you believe to be important?
11. Do you have any comments or suggestions? (Space to write in--see below)
12. Would you be willing to promote this workshop/topic among others at your worksite?

Alternate questions used on 2/6/97:

10. Should this have been longer to cover more information?
11. Did you learn new skills that you will use?
12. Do you think the handouts are useful?
13. Do you have any comments or suggestions?
14. Would you be willing to promote this workshop/topic amoung others at your worksite?

Participant Comments from pilot course focus groups

Well done. Change clothing as discussed.

More professional clothing; when the RN was speaking, she needed to state that the Patient needed to go to x-ray.

Need to include recognizing and validating caller's anger or problem.

Staff should be more professionally dressed to give an expectation on dress code.

Time considerations are always a problem for presenting to staff on patient care units. 2 hours won't be feasible unless staff are off unit for a full day.

Dress code.

Wearing apparel. Better image.

Responses:	Date Ref	Q1-yes	Q1-no	Q2-yes	Q2-no	Q3-yes	Q3-no	Q4-yes	Q4-no
	1/29/97	1		1		1		1	
		1		1		1		1	
		1		1		1		1	
		1		1		1		1	
		1		1		1		1	
		1		1		1		1	
		1		1		1		1	
	2/6/97	1			1	1		1	
		1		1		1		1	
		1		1		1		1	
		1		1			1		1
		1		1			1	1	
		1		1		1		1	
		1		1		1		1	
		1		1		1		1	
		1		1		1			1
		1		1		1		1	
		1		1		1		1	
		1		1		1		1	
		1		1		1			1
		1		1		1		1	
		1		1		1		1	
Total		**22**	**0**	**21**	**1**	**20**	**2**	**19**	**3**
Percent	(n=23)	**95.65%**	**0.00%**	**91.30%**	**4.35%**	**86.96%**	**8.70%**	**82.61%**	**13.04%**

Q5-yes	Q5-no	Q6-yes	Q6-no	Q7-yes	Q7-no	Q8-yes	Q8-no	Q9-yes	Q9-no
1		1		1		1		1	
1			1	1		1		1	
1			1	1		1		1	
1			1	1		1		1	
1			1	1		1		1	
1			1	1		1		1	
1			1	1		1		1	
1			1	1			1	1	
1			1	1		1		1	
1			1	1		1		1	
1			1	1		1		1	
1			1	1		1		1	
1			1		1		1		1
1			1	1		1		1	
1			1	1		1		1	
1			1	1		1		1	
1			1	1		1		1	
1			1	1		1		1	
1			1	1		1		1	
1			1	1		1		1	
1		1		1			1	1	
1		1		1		1		1	
22	**0**	**3**	**19**	**21**	**1**	**19**	**3**	**21**	**1**
95.65%	**0.00%**	**13.04%**	**82.61%**	**91.30%**	**4.35%**	**82.61%**	**13.04%**	**91.30%**	**4.35%**

Q10-yes	Q10-no	Q11-yes	Q11-no	Q12-yes	Q12-no	Q13-yes	Q13-no	Q14-yes	Q14-no
	1	1		1					
1		1		1					
	1	1		1					
1		1		1					
	1		1	1					
	1	1		1					
	1	1		1					
	1	1		1			1	1	
	1		1	1			1		1
	1	1		1			1	1	
	1		1	1			1	1	
1		1		1			1	1	
	1		1		1		1		1
	1	1		1			1	1	
1		1		1			1	1	
	1		1	1			1	1	
	1	1			1		1	1	
	1	1			1		1	1	
	1	1		1			1	1	
	1	1		1			1	1	
	1	1		1			1	1	
1		1		1			1	1	
5	**17**	**17**	**5**	**19**	**3**	**0**	**15**	**13**	**2**
21.74%	**73.91%**	**73.91%**	**21.74%**	**82.61%**	**13.04%**	**0.00%**	**65.22%**	**56.52%**	**8.70%**

class ref.	Ques 1	Ques 2	Ques 3	Ques 4	Ques 5
6/6/96	5	5	5	5	5
	5	5	5	4	4
	3	1	3	3	3
	5	4	5	4	4
2/11/97	5	4	4	5	5
	5	5	5	5	5
	1	1	4	4	4
	4	3	5	4	4
	4	3	2	3	4
	4	3	3	4	4
	5	4	5	5	4
	5	5	4	5	5
Average	**4.25**	**3.58**	**4.17**	**4.25**	**4.25**

Questions:

1. The purpose and objectives of the session were clear.
1-strongly disagree
2-disagree
3-neither agree nor disagree
4-agree
5-strongly agree

2.The content was appropriate to my needs and interests.
3. The knowledge and skills gained from this session will help me perform my job better
4. The overall quality of this session was excellent
5. I anticipate being able to apply what I learned in this session to my job.

Participant Comments:

7. What materials, activities, etc., did you like best?
The workbook and discussions about the workplace
Everything was of value
Flip chart and discussions
Discussing problems on the job
The TAKE A MOMENT sheet
Talking about individual situations at work.

class ref.	goals yes	goals no	interest	use on job	difficulty	use in life	expected	materials	recom yes	recom no
11/20/96	1		4	5	2	5	2	1	1	
	1		5	3	3	3	4	2	1	
		1	4	5	1	5	4	1	1	
	1		5	4	1	5	3	2		1
	1		5	5	3	3	3	1	1	
10/31/96	1		5	5	3	5	1	1	1	
	1		3	2	2	3	3	5	1	
	1		4	4	3	4	3	4	1	
	1		3	3	1	1	3	1	1	
	1		3	3	3	3	3	2	1	
		1	3	3	3	3	1	2	1	
		1	1	1	1			1		
		1	3	3	3	3	3	1	1	
	1		4	5	2	4	4	1	1	
	1		4	4	3	3	4	4	1	
		1	3	3	1	1	3	1	1	
	1		4	4	2	3	4	1	1	
	1		4	4	5	3	4	5	1	
	1		3	2	1	1	1	4	1	
	1		4	3	3	3	3	5	1	
		1	2	1	1	1	1	1	1	
	1		4	4	4	4	4	4	1	
	1		4	4	3	3	4	1	1	
	1		3	3	3	2	2	2	1	
	1		4	4	1	3	4	4	1	
	1		4	4	2	3	4	2	1	
	1		4	5	1	4	4	4	1	
	1		4	4	2	4	4	1	1	
5/12/97	1		5	5	3	4	3	1	1	
	1		4	5	3	4	5	3	1	
	1		4	4	3	4	2	3	1	
	1		5	4	1	4	5	1	1	
4/28/97	1		5	5	1	4	3	1	1	
	1		3	3	2	3	4	2	1	
	1		4	4	2	3	3	2	1	
10/30/96	1		4	4	5	3	4	5	1	
	1		4	5	2	4	4	1	1	
	1		4	4	2	2	3	2	1	
	1		4	4	2	3	2	1	1	
		1	3	3	1	1	3	1	1	
	1		4	4	3	3	4	4	1	
7/1/96		1	3	3	3	3	3	1	1	
	1		5	5	3	3	5	1	1	
		1	4	4	4	4	4	5	1	
	1		5	4	1	1	5	1	1	
	1		4	5	2	4	3	1	1	
	1		4	4	2	3	3	3	1	
	1		4	4	3	3	2	4	1	
Total	39	9							46	1
Av Rating			3.85	3.81	2.31	3.15	3.26	2.23		

	Pre Ques 1	Pre Ques 2	Pre Ques 3	Pre Ques 4a	Pre Ques 4b
	5	5	5	5	5
	4	3	5	5	4
	4	4	4	5	5
	5	5	5	5	5
	5	4	4	3	4
Av Rating	**4.6**	**4.2**	**4.6**	**4.6**	**4.6**

	Post Ques 1	Post Ques 2	Post Ques 3	Post Ques 4a	Post Ques 4b
	5	5	5	5	5
	5	5	5	5	4
	5	5	5	5	5
	5	5	5	5	5
	5	5	5	4	5
Av Rating	**5**	**5**	**5**	**4.8**	**4.8**

1. On the following scale, rate your understanding of the conditions that affecct how and when you can provide personal care for a resident

1- I am unsure what conditions affect how and when I will provide personal care for a resident.

5- I understand what conditions affect how and when I will provide personal care for a resident.

2. On the following scale, rate your understanding of an appropriate order for providing care for residents.

1-I am unsure of an appropriate order to provide personal care for a resident.

5-I can list in an appropriate order the personal care tasks required for a resident.

3. On the following scale, rate your ability to efficiently plan an order of care for many residents.

1-I am unsure how to provide care for many residents in an appropriate order.

5-I can efficiently plan the care for many residents according to an appropriate order.

4a.On the following scare rate your knowledge of the conditions that will affect how you manage your assignment.

1- I am unsure of the conditions that will affect how I manage my assignment.

5-I know what conditions will affect how I manage my assignment.

4b.

1-I am not sure why to prioritize the tasks of my job assignment.

5-I understand the need to prioritize the tasks of my job assignment.

class ref.	goals yes	goals no	interest	use on job	difficulty	use in life	expected	materials	recom yes	recom no	tenure-yrs.
6/26/96			4	3	3	3	3	1	1		3.5
	1		5	5	2	5		1	1		2
	1		5	5	1	5	5	5	1		3.5
	1		5	5	3	4	5	1	1		2
	1		5	4	3	3	4	1	1		19
	1		4	4	2	4	1	3	1		23
	1		4	4	3	3	4	1	1		0.75
	1		2	4	3	4	4	2	1		3
	1		5	5	3	5	3	1	1		9
	1		5	5	2	4	3	1	1		0.25
10/30/96	1		3	3	3	2	2	2	1		2.5
	1		4	4	3	3	4	1	1		2
			4	4	4	4	4	4	1		5
		1	5	5	1	2	2	2	1		4.5
		1	2	1	1	1	1	1	1		2.5
	1		4	3	3	3	3	5	1		4
	1		3	2	1	1	1	4	1		1.5
	1		4	4	2	4	4	1	1		6
	1		4	5	1	4	4	4	1		0.75
			5	5	5	3	3	5	1		2.5
	1		4	4	1	3	4	4	1		2
	1		5	5	3	4	3	2	1		3.5
	1		5	3	4	4	3	4	1		4
	1		4	4	2	2	1	2	1		4
		1	4	4	3	3	3	2	1		5
		1	4	4	2	2	2	1	1		2
		1	4	4	1	4	1	4	1		3.5
		1	3	3	3	3	3	1	1		1
		1	1	1	1	1	1	1			3.5
		1	3	3	3	3	1	2	1		6
			5	5	4	5	5	5	1		7
	1		3	3	3	3	3	2	1		8
			3	3	1	1	3	1	1		7
	1		4	4	3	4	3	4	1		
			3	1	3	5	5	5			
	1		3	2	2	3	3	5	1		
Total	**22**	**8**							**34**	**0**	
Av Rating			**3.89**	**3.69**	**2.44**	**3.25**	**2.97**	**2.53**			**4.66**

Positions:

RN
LPN
Charge nurse
Staff RN
Chaplain Aide
Cert. Nursing Asst.
Nursing Cert.Nurs. Asst.
Case Manager
Nursing Supervisor

Comments:

It has helped me identify the need to better explain myself to staff and to look at how I say what is heard and stress relievers.

With the knowledge required, I now have an understanding of wht a CNA will learn, can build on it and follow up with the skills that were reviewed. I can build on team work knowledge with other coworkers.

I work team communications; knowing what CNA's have knowledge of is vital.

Covers all aspects of learning their job duties.

I now have increased confidence as an essential member of a mentoring team and raised awareness that my efforts are desired and appreciated.

Able to communicate better with the CNA's.

Now understand CNA's better and their ability to handle their assignment. Also found more ways to handle my own stress.

To be more understanding of other workers and new CNAs on the floor.

Identified what the training course for CNAs is; now I can help motivate CNAs.

For the stress and communication skills; how to deal with CNAs in better ways.

Increased understanding; reducing stress, increasing insight.

In understanding the CNAs' role.

A friend of mine wants to get into CNA work. I think that this program will give her the knowledge and also an understading of the elderly.

It's always good to stay in tune with yourself and others because most of the time we forget and take things for granted.

Communicate more effectively and understand the outlook of new CNAs.

Now able to break down my expectations of CNAs so that they can understand and work effectively and they know what I expect.

This gives a breakdown on how staff function at present showing where things need to be strengthened.

Giving me information to build uponin understanding the importance of all job roles and the need for team understanding as well as team effort and teamwork.

Be patient and more understanding of new CNAs

To be able to be more organized myself and use my time more efficiently.

As a beginning towards understanding where healthcare interrelations need work.

It has helped me understand what type of information that the employees have already learned about and will enable me to start from that point in any further training with them.

It is more realistic that the other previous training classes (that I had).

It gives you a more realistic view of your work outside of the CNAs training classroom.

I think it would be extremely helpful to new CNA trainees in adjusting to their jobs--especially good in time management.

It's a good thing to go through before going onto the floors to learn more.

class ref.	goals yes	goals no	interest	use on job	difficulty	use in life	expected	materials	recom yes	recom no
9/30/96	1		4	5	2	5	1	2	1	
	1		4	4	3	3	4	2	1	
	1		3	3	1	3	3	1	1	
	1		4	4	1	3	4	1	1	
	1		4	4	1	4	3	1	1	
	1		3	4	2	4	3	1	1	
	1		3	4	1	4	4	3	1	
11/18/96	1		4	5	4	1	2	3	1	
	1		5	5	1	5	2	1	1	
	1		5	5	3	4	5	4	1	
	1		3	3	2	4	1	3	1	
	1		3	3	2	4	1	3	1	
	1		4	4	2	3	3	4	1	
	1		3	3	1	3	3	1	1	
6/19/97	1		4	4	1	3	1	1	1	
	1		5	5	5	5	5	5	1	
	1		3	4	3	4	5	1	1	
Total	17								17	0
Av Rating			3.59	4.06	2.06	3.65	2.94	2.18		

Module 2: Understanding Your Assignment Sheet

Beg.Date	PRETEST	POSTTEST	GAIN	% OF GAIN
	[redacted]	[redacted]	[redacted]	[redacted]
9/26/96	45	70	25	56%
	45	90	45	100%
	80	80	0	0%
	40	75	35	88%
	25	70	45	180%
	80	80	0	0%
	65	80	15	23%
12/15/97	70	100	30	43%
	70	100	30	43%
	80	80	0	0%
	60	80	20	33%
	60	90	30	50%
	80	100	20	25%
6/18/97	25	71	46	184%
	65	75	10	15%
	48	76	28	58%
	55	78	23	42%
	30	74	44	147%
4/9/97	70	75	5	7%
	71	78	7	10%
	63	79	16	25%
	64	75	11	17%
	70	75	5	7%
6/16/97	41	53	12	29%
	31	47	16	52%
	32	34	2	6%
Av Gain			**22.96**	
Av % Gain				**50%**

Module 3: Managing Your Assignment

Beg. Date	PRETEST	POSTTEST	GAIN	% OF GAIN
6/23/97	85	100	15	18%
	25	65	40	160%
	65	80	15	23%
3/28/97	75	75	0	0%
	65	100	35	54%
	60	90	30	50%
	90	90	0	0%
6/1[illegible]/97	75	85	10	13%
	85	90	5	6%
	60	70	10	17%
	75	85	10	13%
	80	90	10	13%
4/14/97	75	65	-10	-13%
	95	85	-10	-11%
	60	60	0	0%
	60	60	0	0%
	75	95	20	27%
	65	65	0	0%
10/15/97	60	70	10	17%
	40	50	10	25%
	60	60	0	0%
	90	90	0	0%
	80	100	20	25%
	100	100	0	0%
Av Gain			**10.12**	
Av % Gain				**20%**

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Module 4: Knowing and Understanding Your Resident

Beg.Date	PRETEST	POSTTEST	GAIN	% OF GAIN
3/2/97	50	85	35	70%
	75	90	15	20%
	95	100	5	5%
	75	95	20	27%
	75	90	15	20%
1/6/97	90	100	10	11%
	80	92	12	15%
	45	90	45	100%
	55	75	20	36%
	95	100	5	5%
1/15/97	55	90	35	64%
	85	100	15	18%
	95	100	5	5%
	75	100	25	33%
2/28/97	80	95	15	19%
	85	90	5	6%
	80	95	15	19%
	65	75	10	15%
Av Gain			**14.66**	
Av % Gain				**23%**

Module 5: Handling Stress on the Floor

Beg.Date				
6/25/97	50	85	35	70%
	15	65	50	333%
3/28/97	40	65	25	63%
	60	70	10	17%
	55	60	5	9%
	50	85	35	70%
4/16/97	35	50	15	43%
	35	40	5	14%
	70	80	10	14%
	50	50	0	0%
	50	55	5	10%
	40	55	15	38%
6/18/97	35	50	15	43%
	50	65	15	30%
	45	60	15	33%
	30	75	45	150%
	55	80	25	45%
Av Gain			**16.94**	
Av % Gain				**48%**

Module 6: Communicating Effectively on the Floor

Beg.Date	PRETEST	POSTTEST	GAIN	% OF GAIN
6/19/97	65	90	25	38%
	55	90	35	64%
	40	85	45	113%
	55	85	30	55%
6/27/97	30	90	60	200%
	50	95	45	90%
	50	90	40	80%
4/23/97	70	85	15	21%
	65	75	10	15%
	90	90	0	0%
	70	75	5	7%
	75	90	15	20%
Av Gain			**21.96**	
Av % Gain				**49%**

Home Health Care Module 1:

Beg.Date

6/6/97	70	75	5	7%
	60	90	30	50%
	65	100	35	54%
	80	90	10	13%
	75	75	0	0%
	85	90	5	6%
	85	100	15	18%
	75	90	15	20%
Av Gain			**22.09**	
Av % Gain				**44%**

Home Health Care Module 2:

Beg. Date

6/10/97	50	70	20	40%
	30	60	30	100%
	50	70	20	40%
	30	60	30	100%
	50	50	0	0%
	50	70	20	40%
	47.5	60	12.5	26%
	50	60	10	20%
Av Gain			**15.30**	
Av % Gain				**30%**

Home Health Care Module 3:

Beg. Date

6/11/97	80	90	10	13%
	60	90	30	50%
	60	100	40	67%
	75	95	20	27%
	65	85	20	31%
	75	100	25	33%
	70	100	30	43%
	100	100	0	0%
Av Gain			**18.18**	
Av % Gain				**34%**

Home Health Care Module 4:

Beg. Date

9/4/96	40	70	30	75%
	75	80	5	7%
	50	55	5	10%
	55	100	45	82%
Av Gain			**18.62**	
Av % Gain				**39%**

Learning Strategies Beg.Date	PRETEST	POSTTEST	GAIN	%OF GAIN
1/9/97	4 37	5	0 63	14%
	2 25	3	0 75	33%
	3 38	3 38	0	0%
	3 5			
	4 38	5	0 62	14%
	4			
	4 38	4 83	0 45	10%
	3 13	4 25	1 12	36%
	4 63	4 38	-0 25	-5%
1/30/97	2 25	4 38	2 13	95%
	4	3 63	-0.37	-9%
	2 75	4 25	1 5	55%
	3 75	5	1 25	33%
	3 75			
2/20/97	3 38			
	2 38			
	2 13	4 94	2 81	132%
	3 13	4 25	1 12	36%
	4 13	4 63	0 5	12%
	2 63			
	2 5	2 63	0 13	5%
	3 25	4 25	1	31%
3/20/97	4 38	4 38	0	0%
	4 13	4 75	0 62	15%
	3 13	4 13	1	32%
	3 25	3 13	-0 12	-4%
	3 5	3 8	0 3	9%
	3 63	4 13	0 5	14%
4/3/97	3 38	4 88	1 5	44%
	1	2 63	1 63	163%
	4 50	5	0 5	11%
	4	4 5	0 5	13%
	3 25	4 5	1 25	38%
	4 88	5	0 12	2%
	4 13			
	4 5	4 88	0 38	8%
	4	4 75	0 75	19%
	4 13	4 5	0 37	9%
4/24/97	3 6	4 3	0 7	19%
	3 6	5	1 4	39%
	3 6	3	-0 6	-17%
	4 5	3 6	-0 9	-20%
	3 7	4 6	0 9	24%
5/15/97	3 3	4 4	1 1	33%
	3 3			
	2 6	4	1 4	54%
6/2/97	3 6	3 9	0 3	8%
	4 1	4 6	0 5	12%
	4 1	4	-0 1	-2%
	4 5	4 8	0 3	7%
6/9/97	4 3	4 8	0 5	12%
	4 4	4 8	0 4	9%
	4 8	4 9	0 1	2%
	3 6	4 3	0 7	19%
	2 8	4 3	1 5	54%
	5	5	0	0%
	4 8	5	0 2	4%
	3 9	4 5	0 6	15%
	4	4 6	0 6	15%
Av Gain			**0.63**	
Av % Gain				**23%**

Results of Participant Pre/Post Program Surveys by Course

Survey Questions-

PRE:

1. What do you expect to learn or review during this training?

POST:

2. What are a few of the most important things that you learned from this session?
3. Would you recommend this training to a coworker? Why or why not?
4. How do you plan to use what you've learned?
5. If you could change one thing about this training session, what would you change?

Tier II: *For incumbent workers*

Course Title: Calling for Care **Total Number of Participants Completing Surveys:** n = 101

Participants taking this course described their job positions as follows: **Tenure Range:** 1 week to 24.5 years

Home Health Aide Scheduler
Medical Transcriptionist
House Keeper
Porter
Dishwasher
Floor Feedings Worker
Diet Technician
Kitchen Help (Floater)
Program Assistant
Secretary

Medical Records Clerk
Certified Nursing Aide
Environmental Services Worker
Dietary Aide
Cook
Food Services Associate
Supervisor Cook
Cafeteria Aide
Alzheimer's Care Specialist
Driver/Activities Assistant

Executive Secretary
LPN
PCA
EDGE Project Director
TCS
Receptionist
Part-time Receptionist
Human Resources Staff Member
Billing Coordinator
Accounting Clerk
Central Intake Coordinator
Bookkeeper
Patient Account Representative
Training Manager
Office Manager
Client Service Representative
LPN/Resident Care Coordinator
VCA
RCC
RU Coordinator of Client Services
Administrative Assistant
Unit Clerk
PDP
Accounts Receivable Clerk
Payroll Clerk
SCHN
Service Secretary
Director
Field Services Manager
Switchboard Operator
Payer Relations Representative

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to handle a rude patient, customer, etc. and what and how to approach them.	Don't hurry through a phone conversation; listen fully	Yes; it refreshes what you're supposed to do	When I go back tot he office, just remember the tips and video.	--
How to stay cool — better communication skills	Keep cool	Yes	Remember the tips; stop, think before speaking to have better control on the phone	Helpful training session — nothing to be changed.
New ways to handle difficult clients and ways to deflate angry clients and people	Proper procedures and what is expected of me in phone etiquette	Yes. I think that, because of the amount of time we spend o the phone dealing with customers/clients, everyone needs a refresher course on phone procedures at *least* once a year.	I plan to use what I've learned as a daily routine. I'd like to make it natural for me to do these things, so that it becomes second nature for me to answer the phone and deal with clients properly.	I wouldn't.

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Answering phone and taking messages so everyone understands request.	Be professional with attitude; listen and respond	Yes. Good information	Think before you answer the phone to prepare for communication; get and give information	Nothing; it was great; good speaker; very informative.
Proper telephone skills regarding our department	How to deal with an out of control person looking for information; how to be more at ease about incoming calls in general	Yes. It makes you more aware of how to better communicate on the telephone	Continue to try being more at ease and less nervous about not having appropriate answers.	--
Phone etiquette	Improve in getting full info during incoming calls	Yes. Important for people who do not normally answer the phone, but may need to.	Make conscious effort to observe how I answer calls and handle them.	--
Proper telephone techniques	Proper telephone conversation; to stay calm and in control of situations.	Yes. Some departments need to be more hospitable to other departments.	To answer phone calls with appropriate techniques and to show other people how nice people from our facility are.	Program is excellent; would not change anything.
How to maintain the telephone for calling for care on it	I have learned how to handle the conflicts that happen on the telephone; I have learned to prepare myself before I answer the telephone.	Yes. To give them better insight on answering the telephone for themselves.	I plan on concentrating on what I'm going to do in their shoes.	I would have a couple of role plays to help the participants learn better in this situation.
How to properly answer the phone in different situations.	Identify yourself and identify your facility	Yes. Very friendly—felt comfortable with the in-service; very educational	I already do what I've learned but it broadened my knowledge.	Not a thing—I feel they will make any necessary changes to educate us as well as others.
I like doing nursing aide, doing the care, looking out for people, giving good care.	Is good thing; is was greater; is have good thing about us	Good. Good with them; try to get along, do these things	It was good thing to be learned	--
How to call for help on the telephone	Make sure you always say please and thank you; make sure you always identify yourself when you answer the phone	Yes. I would recommend this training program to our coworkers as everybody can see both sides of the situation	I learned to think before I talk	I wouldn't change anything; it was a good presentation.

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Getting along with coworkers, customers, people in general; communications.	--	Yes. Yes I would so people will appreciate and show more concern for each others' feelings	Looking at my own self and improving my bad habits	Need at least 2 hours
--	Good behavior	Yes	For work and people who care for residents	--
Don't know	Work together; get along with coworkers; respect each other and be helpful	Yes. Helps you think before responding to coworkers	Everyone in work should not be angry; be kind	No
How to answer the phone properly	How to answer the phone	Yes	--	--
Good attitude	--	Yes	--	--
How to handle others	You must keep cool	Yes	--	--
How to deal with people and working together	Better on how to express ourselves	Yes	--	--
Politeness	Cooperation	Yes. Very useful	With my coworkers	Nothing
Everything	How to talk on the phone	Yes. Learned about being polite	Yes, in my daily job duties	--
How to handle conversations in regarding your job service at the facility you work at and being patient	How to handle our conversations concerning the job; good attitude and pleasant	Yes. They try more pleasant means so much	To get along with people and be helpful	--
Better cash register skills	Telephone skills	Yes. Very informative; to get along better with other employees	Answering phone	Nothing
I don't speak English and don't use the phones.	--	--	--	--
How to answer phone properly	Be calm, get lots of respect, be helpful; ID yourself, and get ID from person you are talking to	Yes. Everyone should know to be helpful and calm on the phone	Plan to be calm and not get upset with the person I am talking to	--

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to answer the phone in the right manner	Be more organized; be sure you ask the right questions	Yes. This program would be good for new employees that have to know phone rules.	To be more cautious, ask more short important questions; to be very helpful and stay in control on the phone.	It could be a lot shorter.
--	Be courteous when answering the phone; be organized	Yes, so they can learn to answer the phone properly	Answer the phone properly	Nothing. Thought it was excellent.
How to answer the phone correctly	Be prepared, courteous, helpful, and stay calm	Yes. Because we work in a very stressful job in food service	Try to get good enough information to be very helpful while answering the phone.	More specific to our department
I have no idea ??????	To be calm; try to help	Yes. Very useful info	To be more helpful	Would not change anything
How to answer and be assertive on the phone; why and how to take your job seriously; Be polite, even when you are pissed; Don't jump to blame something on one specific person. Stay calm, even when people are assholes.	Be assertive and polite on the telephone; Don't be lazy and be serious on the phone.	Yes. These videos would help anyone to be better at answering the phone	Well, if I answer the phone I'll be polite and more assertive.	Actually, nothing. I think the session went very well and [the instructor] did a very good job and made it fun. *Your Welcome!!*
Customer service skills for telephone	Remain calm and courteous on phone; be thorough; leave no opportunity for conflict	Yes. Many of my coworkers need to work on their phone dialog	Be more constant on the phone.	--
The use of telephone skills for customer service	Identify yourself; remain calm when dealing with a difficult person.	Yes. It was a very interesting lesson	I plan to use what I've learned in all of my telephone communications	Make it a little shorter
Telephone etiquette	Always identify yourself; remain calm, speak politely, no matter what the situations	Yes Good reminders.	--	--
Don't know	You have to be courteous, even with people who are not	Yes/no. I'ts not bad, but it needs to be modified to make it more interesting	Answer the phone at work	Instead of having a video, use roleplaying because people might comprehend it better.

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Phone skills	How to be more informative when I answer the phone	Yes. So people know how to deal with people in certain situations	I plan on using this information to make my life easier, both at work and outside of work	Nothing
How to answer the phone properly for a business	If you answer the phone, get as much information as possible; Be nice, pleasant, helpful	Yes/no. For new employees, I would, or for employees that have presented poor phone conversations.	Keep telling irate people to calm down and try to find better solutions to problems	Get to the point—too dragged out; no need to repeat video (the same) three times or more.
How to answer the phone properly and communicate	Communicate better; be helpful; get more information, and more follow-up	Yes. Everyone could use better phone skills.	Be more helpful; get more information; try not to be short with caller; understand their problems	Relate more to our department
Don't know	--	--	--	--
Appropriate responses and mannerisms of conduct when conversing over the phone or whenever phone usage is required	That repetitive facts regarding common sense is boring; waste of taxpayer time and money	NO. How about utilization of time to inservice people about respectfulness of one another in general, not just the phone.	I plan to do what I always do, be helpful, courteous, and friendly.	The monotonous review of the videos. It's distracting. The videos are played 4 times each and then it gets reviewed each time, reflecting the same points previously mentioned. All common sense facts.
I am willing to learn anything new.	Ask questions; get organized	YES. It is one way you can be giving a better image or our workforce.	You may have to help someone new at work.	Just have a continuous video and everyone stays focused.
Everything that I do on my job has to do with people that I work around. Also my work duties are answering phone	How to talk to people in a helpful manner	Yes. Because I learned things that I never knew and others could do the same.	Whenever I talk to people on the phone, I hope.	--
I expect to review telephone customer service and how [facility name] would like us to answer the phone.	Learned how to focus on the situation at hand and stay calm	Yes. I thought it was a very good training and want more to have this opportunity	I plan to use what I have learned in my everyday life	I would add a role play or two

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to deal with angry customers; how to help them calm down and end up assisting them	Good tips for phone communication	Yes. Useful, good presentation	I will use it on the phone with angry and pleasant customers	I think I would try to make it a bit shorter but it was useful and enjoyable
How to "handle" and upset person who calls back after receiving wrong information from a previously made call. How can I reassure them and guide them to the correct information and contact person while easing their frustration.	Focus and concentrate on the person's needs; when someone is calling for info, repeat info that they need to be sure it is correct	Yes. Excellent reinforcement of proper procedures for telephone communications	To follow each guideline each time when answering calls	Nothing. Job well done!
How to effectively communicate with aggravated customers over the telephone; how to stay friendly and avoid retaliations	Learned to stay calm and how to deal with anger; clarify the problem and ask for more information to help	Yes! Fun, simple, easy to relate	Whenever communicating at work or at home.	Nada! *Thank you* !!!
How to stay in control and remain professional during a heated conversation with an angry customer.	Different techniques for talking to the angry customer; How to prepare yourself for this type of call prior to answering the telephone	Yes. Everyone at some point in their job will have to work with a customer's anger	I will be better prepared when answering my phone	Nothing
To learn to react and deal with situations on hand, when the patient becomes angry or combative, to deal with the "difficult" people.	When answering the phone have a good greeting and identify self; Keep a monotone voice and continue the questions you need to complete information	Yes. I feel it is helpful in not only a professional situation, but on the personal level with everyday living.	In my every day life, and in the professional field with patients' family	None
How to answer the phone politely; give and receive information quickly and accurately	Be prepared; give a greeting; *LISTEN*	Yes. To refresh coworkers on opening statements and treatment of callers	Same as above	Nothing—very useful to us

Responses Question 1	**Responses Question 2**	**Responses Question 3**	**Responses Question 4**	**Responses Question 5**
To learn how [facility] expects me to answer the phone and approaches to use in dealing with situations to do this in a timely manner.	To think about the other person's problem and focus; how to relax, always be respectful to the caller, and assure the caller that you're listening	Yes. Very helpful, helps to teach some and feedback	Use and information from you	Nothing ; it was very +
Self esteem conversations over telephone; being polite, giving your name, position and what your need or wants are. Having a good attitude over the air waves	Be clear about what you need have or want; how consideration for others can keep a good outlook on life itself.	Yes. Same as above	By hearing messages on the machine	Make it longer
How to communicate with the telephone services; to answer the phone properly and to understand how the phone system works	Be polite at all times, and to give proper information, as questions that need to be; always try to remember that you could also be a customer on line, relax, be kind.	Yes. Because it helps you learn how to deal with different phone conversations. I think everyone can use refresher courses.	By being relaxed, prepared, and polite at all times.	Nothing. I felt it was very good
Telephone answering—properly; Dealing with angry customer or family member.	Remember that you want to keep the customer coming back; Don't get upset; speak in a relaxed tone	Yes. To be able to learn how to handle situations with customers, coworkers, etc.	In daily face to face contact with customers and coworkers	--
Making phone calls with pleasant voice and good attitude	Be prepared by focusing on the call, ID yourself & unit; ask to be helpful; express support and follow up	Yes	--	--
How to deal with behaviors	Take time and thought before speaking	Yes. Person is young and needs to learn how to deal with persons	Plan, Think, Smile	—
How to deal with angry customers	Be prepared to listen when answering the phone; use caller's name to show respecting the call	Yes. I think it is very practical and helpful for everyone	Use in dealing with people with problems, irate customers, and anyone who calls	The TV program – retape to include scenarios needed only so instructor won't have to fast-forward tape.

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to handle interactions with customers so as to prevent interactions from getting "hot"; how to project the best professional image for the organization	I enjoyed this a lot. Focusing on what needs to be done is key.	Yes!!	Phones and interpersonal communication	I would have liked the learning points highlighted in the video to be in written format, too.
Good customer service	Phone manners; handling anger	Yes. It's appropriate for work—also in every day use—including home!	Answering phone, also face to face conversations	0—It was excellent—presented well and most of all, kept my interest!
How to effectively deal with angry customer; best response to use; things that won't work	How to deal with the angry customer/family member	Yes. Very informative	Help others who may become frustrated with difficulty in communicating with others	--
To give better knowledge on dealing with customers and their anger, and to be able to deal with all situations regarding customers	How important the customer is; how to handle escalating situations	Yes. Because the basics for customer service are simple and easy to understand	In dealing with staff and family members and clients on a one to one basis	Nothing
Working with our clients	How to greet; seen movie before	Yes	In talking to clients	Not to sit so long
Agency specific protocol	Review is refreshing	Yes ALL EMPLOYEES positions, effects customer service	In daily contacts with all customers	Mix management with support staff
I expect to learn more about communicating better and I would also like to further my education with the telephones by asking more questions	To take more time out for a customer; to ask them if they would hold rather than saying "hold on please"	Yes. It makes you think of the things you're doing wrong and how they could be done better.	Wisely	Nothing, but I'd bring a cup of tea next time.
How to effectively deal with unhappy clients	Better ways to communicate with clients, skills to use	Yes Because it is important for all employees to have the same information and communication ideas	Trying to follow the specific steps during calls	That more advanced notice had been given so there would be time to have things taken care of first
Better and proper way to deal with certain customers	Different forms of communication	Yes. It was informative	To be more considerate of customers concerns	I don't feel a change is necessary.

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to handle people and problems	Have a good attitude when you answer the telephone	Yes Everyone needs to sharpen telephone skills	--	Need more notice and more people should take this course
Telephone service skills	54% tone; 45% body language; 7% verbal message	Yes	Better customer service	--
How to deal with a customer that is upset or unsatisfied	How to deal with annoying salesman	Yes. It is wrong to expect them to know how to deal with the phone and people in general	I use the phone daily and will continue to use the skills I had and start to use the ideas I learned	Nothing
To see how other people react to phone conflict	Most every one can be calmed over the phone	Yes. To make them aware of how they speak to others	To think before speaking	--
How to better serve customers on the phone; how to deal with problem callers	Everyone has their own set of problems that can effect their situation.	Yes, so some can see what others have to deal with	NA	Video is too long
How to handle abusive callers and project good telephone manners in all situations	To restate the problem to the customer	Yes. Think all new employees should be given this training. Many who have not been in workforce for some years will find this useful.	Yes	--
How to ask about particular residents care; learn to direct efficiently.	How to be more courteous even when not ready; be prepared with materials	Yes. To be more respectful	Courtesy	Nothing
I expect to learn proper phone etiquette and how to handle "problem cases"	To be patient with others; to realize that everyone is stressed and not just you	Yes. I feel that everyone can improve with telephone techniques	--	The double scenes on the phone
To learn a more efficient way of answering the phone; learning techniques for phone services	How to manage stress; think about the other person	Yes because it is something good to learn	To be more helpful	More time put in (longer)
How to handle a rude patient, customer, etc. & what and how to approach them	Don't hurry through a phone conversation; listen fully	Yes. It refreshes what you're supposed to do	When I go back to the office, just remember tips on the video	--

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Phone readiness for customer support; how to stay calm with an angry customer; how to diffuse a situation.	Allowing caller to vent. Don't answer phone unless you are ready	Yes. Helpful in calming stress	Better preparation for answering calls.	0
Hopefully how to handle and deal with all customers—how to deal with them in a professional manner—no mater how angry they get	Proper way to answer phone calls; correct way to handle the irate customers	Yes. Excellent training because some coworkers do not handle telephone calls in a professional and courteous manner.	--	--
How to help callers not go through 3-4 people before reaching the right party; I like reviewing.	How to continue doing what I'm doing; improve wherever possible	Yes. Good training for coworkers to be polite to each other—to have them realize its important to take a few minutes to find out the correct person to pass a caller on to	--	--
How to effectively handle an angry customer	Let the speaker vent	Yes. Helpful to anyone who uses the phone	Everyday; each time I pick up the phone	10 minute actual problem solving of situations that occur each day.
I hope to review techniques on how to handle the stressful calls that may be received from angry patients (what to say or not say)	Try to remain calm when several calls are coming in at the same time by taking a breath before answering the next call; restate information received form the caller	Yes. It is important for anyone dealing with internal or external customers to learn	I hope to implement a few points of customer service that I may have let slide during previous busy times.	I think this should be a mandatory training session since we (as a facility) are all customer service reps.
How to handle difficult customers who won't hang up	To get pertinent info to direct call or services; makes me aware of options to use in directing calls	Yes. Helps your confidence in answering calls and how to direct calls	Gave me a broader sense of decision making concerning clients.	--
How to deal with angry people or frustrated people on the phone or in person. How to get better results from your conversations.	How to deal with angry customers; how to effectively help people and lessen frustration	Yes. It think it applies to all who answer telephones to prevent losing customers	I plan to begin immediately with my customers who call and ask more questions and try to help more	It was very good. I think it would apply to more of the secretaries and schedulers. Too bad they could not attend

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to better handle customers who call and are upset about their bills.	How to collect all the information myself and the caller needs.	Yes. This training reminded me of the small hints we forget	I would try to hear the caller's story out before I tried to help them.	The training was fine
How to deal with people over the phone	How to deal with certain questions	Yes because some employees do not have very good phone skills.	--	--
Expect to learn how to deal more effectively with difficult people on the phone	Techniques for dealing with irate customers	Yes. A lot of it is common sense, but it was presented in an orderly fashion.	--	--
Techniques as to the best way to handle upset customers	Steps for dealing with irate customers; Guidelines for telephone services	Yes. You can learn guidelines for the proper use of the telephone when dealing with various people and situations.	Concentrate on implementing the 7 points of customer service	--
How to defuse a problem to get the patient or person to explain their problem so that I can quickly get them to the proper person to help them. There is always room for improvement; Not every person can handle the same.	Defusing a problem is not as hard as it might seem; all departments have similar problems; speak in a calm, clear tone	Yes. This course gives me a lot of things to try that you may not have thought of.	I've got to do some study on directing calls to other people. Changing just a little about the way I ask questions.	None
Strategies to defuse "angry" customer situations; ways to seek resolution that makes all customers feel like a winner; insight into "whys"—who do customers become angry—prevention of "root" causes for customer anger will decrease # of angry customers and give employees a knowledge base	Strategies; increased awareness; increased sensitivity to what participants face in their jobs	Yes. Valuable info for all of us—directly applicable to ALL JOBS.	Place 7 points on office door—demonstrate model to employees; Place handouts near phone; reinforce/reinforce/reinforce.	0.TERRIFIC! PS how about "role playing" situations for participants with experiences to complement tapes and give help.

Course Title: Taking Responsibility for Conflict **Total Number of Participants Completing Surveys:** $\underline{n} = 120$

Participants taking this course described their job positions as follows: **Tenure Range:** 1 week to 28.5 years

- Maintenance Team Leader
- Licensed Practical Nurse
- Receptionist
- Driver
- Director
- 3-11 Supervisor
- Housekeeping Aid
- Administrative Coordinator
- Social Work Secretary
- Assistant Director Social Work
- Dementia Care Attendant
- Education Coordinator
- VCA
- Driver/Program Assistant
- Dementia Care Aide
- Resident Care Coordinator
- PCA
- HR Assistant
- Senior Field Supervisor
- MRS Supervisor
- Certified Nursing Aide
- Staff Nurse
- Accounting Clerk
- Billing Coordinator
- Director of Social Work
- CNA Program Assistant
- Administrative Assistant
- Social Worker
- Social Work Clerk
- Social Work Assistant
- Alzheimer Care Specialist
- Program Associate
- Environmental Services Worker
- Project Associate
- RCC
- Porter
- RU Resident Care Coordinator
- Executive Secretary
- SCHN
- RN Field Supervisor
- Day Center Supervisor
- Registered Nurse
- Accounting Manager
- Activities Coordinator
- Home Health Aide
- Marketing/Intake Coordinator
- Medical Records Coordinator
- VP/Director
- Geriatric Care Giver
- MD
- DPS
- OTR
- Physical Therapist
- RD
- Patient Account Representative
- Financial Assistant
- Bookkeeper
- HHA Scheduler
- QINS
- Secretary

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
What to do with conflicts	How to deal with conflict; 4 steps to resolve conflict	Yes. Very good.	The 4 steps which I wrote before	Nothing but make it longer and talk more.
How to handle conflicts with others	How to get conflict out	Yes	I don't know yet.	Nothing
How to learn to deal with conflicts between patients or	Try to talk things out before they get to the clash	Yes	Learn to talk it out	Longer session

Responses Question 1	**Responses Question 2**	**Responses Question 3**	**Responses Question 4**	**Responses Question 5**
staff.				
I expect to learn how to better deal with conflicts in life	To come into terms about conflict; to set time out	Yes, so that the coworker comes to terms with their conflict	I already do use it	It is very good and I have nothing to change; It was great.
How to improve my knowledge on taking responsibility, how to better handle my frustrations, and my coping skills and maybe increase my understanding of my fellow coworkers and clients; learn control	How to handle a conflict with my tone of voice	Yes	Try to work things out and use a calm approach; try to understand where this person is coming from and what their feeling sare.	Nothing. Great session. Instructor has a wonderful approach to teaching.
How to work through conflicts with coworkers	The importance of taking personal responsibility for conflicts; not letting things accumulate	Yes	To change the way I communicate with coworkers and also to try and address issues more directly	N/a
Controlling our attitudes ; respecting others even though you may disagree	Confide in each other; be honest and open from the get-go; results will be less stressful	Yes. There will be less bitching	Taking care of my own bad habits	More role play
I expect to review how to deal with conflict on the job and in my own life.	I think that I have learned that I can get someone else's point of view; I have learned how to control my own issues and not push them on others.	Yes. I think everybody should have a chance to learn more about this and should	I plan to use what I have learned in my every day use and at work.	Not a thing!!
Learn important things about taking responsibility for conflict	I can't control conflict; I can't change people	Yes	We are responsible together for our job	--
How to deal with conflict	To talk to the person first that you are having a problem with; talk in a calm tome	Yes. It really makes you think about what you will say to someone without being on the defensive.	Try to remember to think first before opening my mouth to speak	Nothing

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
The art of finding other ways to deal with conflict at work	Positive ways to diffuse a potential conflict; using "I"	Yes. This program will smooth communications between coworkers.	In every way—every day	Nada Great Job!!
How to handle conflict with customers and coworkers in different situations that may arise	Ways to learn how to change the blame from you to I; Different degrees of conflict: blip-clash-crisis	Yes. Everyone should have the opportunity to learn ways to change the you problem to I feel.	Yes-to turn YOU to I	--
How to handle conflict with residents, family members, and coworkers	By being concerned wit the way you talk to someone; think before you talk to someone to avoid conflict	Yes. Because it teaches you how to deal with handling a conflict and how to react.	To be considerate to my coworkers—to think before I speak so that I use the right words	Nothing; I feel it was very good
How to calm down and diffuse a conflict—what part you may have played in causing or ending a conflict	How to effectively communicate during a conflict; how to keep conflict down, using I statements	Yes	In every day relationships—not onlly at work but also at home	**Every orientation seminar should include this session!
How to diffuse conflict before it starts and how to deal with conflict when it starts	To use I instead of YOU	Yes Everybody need to learn how to react to others	Will come in handy with staff and residents when you work with a lot of people because there will be conflict.	I would not change a thing. The Instructor was great!
Everything and anything about people with Alzheimers; how to deal with this; also, when conflict occurs to deal with it with a message you can understand	Working together in the workplace	Yes its fun; also learning things you never knew	When I do have to work with these people as staff	No
How to deal with residents in conflict effectively.	Learning not to blame the other person; to use I statements; How to deal effectively with conflict	Yes. I would because it helps staff deal with each other with less stress	I will take the steps and learn to ask more questions	I think it would have been better to see 2 people work out a conflict situation.
The appropriate way in dealing with conflict	The proper way in dealing with different conflicts	Yes. It allows you to get in tune, not only with yourself, but with others, as well.	In my everyday life as well as my working environment	Absolutely more role play

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to be responsible for resolving conflict; how to not create conflict; how to realize if you are the reason for conflict.	Different levels of conflict	Yes; to learn how to deal with conflict	Work better with others	--
I expect to learn how to deal with conflict either over the phone or in person—it doesn't happen often and I feel I usually deal with it pretty well, but would like more assistance.	I think the entire session was useful	Yes. I think it is very useful	Everyday I plan to use it	I wouldn't
Something about managing conflict	Keeping things at the blip level	Yes	--	--
Gain guidelines/strategies to use conflict as a working point and not a struggle	Reviewing degrees of conflict and keeping things at the blip of annoyance	Yes. People are afraid of confrontation and would prefer to be passive than aggressive	Keep working on it!	--
To effectively resolve conflicts with residents and family members that are causing undo stress to myself and others	Turn feelings into I statements; assertiveness, not aggressiveness	Yes. I think staff should realize that being assertive yields better results than doing nothing	In daily meetings with coworkers.	--
I expect to learn how to manage conflicting situations n a more effective way and also to understand how to try to avoid it.	A few ways to redirect your words to get a better response from someone and to come to a solution	Yes. I think that it was very informative.	I think that this conflict process will work well outside the office as well as within	Nothing

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Conflict resolution and dealing with others	Deal with conflict at the blip level to avoid a crisis that may take the very basic problem and make it bigger.	Yes. Very helpful and gives us new ways to look at customers in different conflict situations and how to handle them effectively	--	--
Techniques to help identify problems/concerns; to resolve difficulties	Stages of conflict; importance of active listening, usefulness of I statements.	Yes. Good info; generated good discussion	--	Case vignettes; would be helpful; the video sounds like a good idea
No expectations	Not really new, but good for a review and reminders	Yes. Simple review	Try to be more conscious of the blips	--
How to deal with conflicts among staff, patients, residents, family members, systems that affect outcomes and customer satisfaction.	Model for assertive approach in interactions; guidelines for rating conflict levels	Yes. Full staff training needs to be completed to make sure everyone is approaching these interactions from the same perspective with the same goals	--	--
Not sure	Levels of conflict	Yes. Staff need to be encouraged to reckon with conflicts of the workplace, rather than using a passive posture/ tattling.	Remind staff of steps to resolve conflict	More sophisticated pointers for bright lights.
How to help myself in dealing with conflict situations	Keep changing YOU to I; Need to go to person directly(not every one else) and say what I need.	Yes. Everyone is responsible	Practice—and use it in lots of difficult situations.	Temperature of room is low.
I expect to learn ways to not participate in unhealthy conflict	Put into words what happens in conflict	Yes	--	Not everyone in a group is willing to share their experiences with strangers, so short, pointed examples in a video would be great

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to deal with conflict	How to deal with conflict	Yes	--	--
Types/levels of conflict; strategies to deal with conflict in the workplace	Taking ownership of conflict; using I statements rather than YOU statements	Yes. Because it provided good ideas and strategies for dealing with conflict in the workplace	To work o n being more assertive.	--
Helping yourself deal with confidentials	How to handle confrlict	It will help us all	--	--
Learn about stress and how is the best way to handle it.	How is the best way to handle stress	Yes	--	--
How to deal with conflict	About conflict	--	Work	Long-winded people
More about taking responsibility for conflict	Be more like a fighter; don't hold things in	Yes. To learn more	Think more about it.	Nothing!!
How to deal with conflict	Steps to deal with conflict: if conflict is not handled, it could escalate	Yes. So they could learn to deal with conflict	I already have with prior situations	Nothing
How to work with the conflict of other people and myself and how to solve this problem	How to deal with conflict; the four step progeram	Yes. It will help everyone to deal with conflict	When I have a conflict, I can use the 4 step program to my favor	Nothing
How to deal with conflict at the workplace	How to deal with conflict using the 4 step process; it is better to deal with it than let it build up	Yes. So they know how to deal with their own conflicts that they might have.	I plan to use the 4 step process	Nothing
How to resolve conflict in the workplace and out of it	Don't let things build up; get a third party involved that will unemotionally help out	Yes. Because everyone should have the same drill so we all know where we stand.	N/A	Don't try to get us to share conflicts -- it may have repercussions.
How to deal with and dispatch conflicts	Types of conflict	No. Not sure it's relevant in our setting.	--	Should discuss how to handle conflict on the telephone.

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How other people deal with conflict.	Resolve conflicts; deal with conflicts directly or after everyone cools their jets.	Yes. People who do not know how to deal with problems in general would benefit.	--	--
I expect to learn how to deal more effectively with staff as conflicts arise. Also hope to learn techniques to implement to help avoid conflicts	4 step approach to dealing with conflict; fighters need to tone down; flighters need to deal not deny	Yes. It's important for everyone to learn strategies to handle conflict	I will use strategies in upcoming meeting with staff members who aren't getting along.	Need more examples—difficult to discuss personal examples in this group.
How to better handle a conflict	How to identify a conflict; the 4 step approach in handling conflict	Step back and look at the situation	Using a 4 step approach	Setting up more mock conflict situations
How to identify conflict problems and handle them before they get larger	How to avoid conflict; how to manage a conflict to end up with a win-win situation to keep all people involved.	Yes. To learn about blips, clashes, crises; to learn 4step approach in dealing with conflict; how to negotiate	Fighters need to be toned down; Flighters need to be more assertive and deal with problems as they arise	Have a role play video
Ideas about handling workplace conflicts	Verbalize disagreements before problems develop; offer cooperation in exchange for cooperation	Yes	Try to diffuse conflicts before they happen	--
Just some ways with dealing with conflicts in the workplace	Ways to talk out a problem before it becomes something bigger	Yes. I think this would be a good mandatory inservice	I will try to catch the blips before they develop any further	Good—no change
Ways/solutions in dealing with conflict	Listen	Yes. But it needs to identify and help to resolve conflicts	Grow	More interaction; role play
Learn about people, how they feel	The way people feel and think	Yes; it might help them	Go back to my notes	--
Stress between coworkers; dealing with temperament of the elderly	Listening to both sides; speaking out and not holding in problems	Yes; Helpful	By using what I heard	Nothing

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to relax and try to understand other people views and interest. How to try to understand the stress of others	Blaming others is not a way of resolving things	Yes because it teaches you that sometimes the way you confront someone could add to a conflict	Learn to use the I system instead of the YOU	--
Ability to see different points of view; to resolve conflict before it escalates	To listen t o other people's ideas	Yes	To approach people with an open mind.	--
How to calmly discuss a conflict as an issue that arises from a disagreement; get my point across	How to use I statements; remaining calm will get my point across much faster	Yes. It's a major issue that all workers must deal with	Everyday in trying to get staff to complete their paperwork accurately and timely	Note include top management—would have a little more flexibility to discuss some issues
How to effectively deal with conflict without feeling bad myself or making others feel bad. How to effect change that all involved will be committed to	How to depersonalize conflict; how to identify when to act on discomfort	Yes. The more people equipped with tools to correct the problem, the smaller the problem will become and will remain small	In day to day work environment as well as at home with my four teens	Nothing
How the team can better deal with conflict and with less anger and frustration on everyone's part	Improved communication techniques (reminder of what's right); reminded to avert the crisis before it starts	Yes	Promote better communication/stop problems before they start	0
How to get through conflict without having a stroke (controlling anger when in conflict)	Address the conflict at the small levels before it gets big and you have to do something	Yes. It is a very general program and applicable to any professional discipline.	Confront situations earlier prior to losing my cool	Nothing
How to address conflict and coworkers and staff in a constructive way, improve communication skills to handle conflict	How to re-approach my personal feelings of conflict; help others resolve issues before they come to management	Absolutely	Will especially use these techniques by encouraging staff to resolve conflict among selves first	More opportunity to share personal examples among group

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Identify current/potential conflicts; apply strategies to resolve	I learned that in order to be "lead" I have to listen first and that people react 60% to the 30% body language and 10% to information	Yes. Although much of the information is familiar, it needs reinforcement and there is always a new "nugget" that you can take with you.	1) with my teenagers and sons and 2) with my coworkers and clients.	If we had more time to actually do the exercise it would have been a luxury there were examples that we could have worked through
How to comfortably reverse issues that might cause conflict; how to diffuse anger and frustration/how to keep interactions upbeat; how to resolve issues so participants are comfortable with decisions	Resolve conflicts at the blip level in privacy; care—language choices, including body language	Yes. Helps to lower anxiety level among staff; helps with communication with staff and clients.	Tack seven points of customer service to bulletin board—for quick referral	More activity
How to problem solve while handling differences of opinion	How to address conflict and differences in opinion with an approach that is satisfactory; when and how to address problems between coworkers	Yes. The training helps with our team approach to caregiving	I plan to use this approach when dealing with coworkers when I see blips appearing between discipline within the team	Could use more time to address this issue
How to work effectively with other team members in resolving difficult issues, how to effectively reach an acceptable compromise if a joint decision cannot be achieved	To remember to take situations out of the past and attempt to remove the judgmental tone	*Definitely!!!* I think it offers a reminder of some very fundamental human relations skills as well as offered creative approaches to working through conflict	I will attempt to deal with conflict more at the BLIP level than I currently am doing	To have a little more role playing/interaction by the audience. It may be confrontational for some but it further encourages putting the session into action.

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to work through difficult issues as a team without damaging its integrity. How to keep the issues on the table and avoid personalizing differences	BLIP building; 4 step approach to resolve	YES It is essential to be able to communicate effectively at work	On a daily basis with coworkers—to not blip build with conflicts or differences with supervisor	More interaction within group—scenarios. It would be great to design a small desk framed short list of mottos or phrases. Otherwiset the time old habits prevail, a reminder would avoid this being lost in a drawer
How to effectively interact among disciplines in an effort to avoid conflict to, as an end result, maximize quality patient care delivery	How to confront an issue that's been silently "bugging" me; how to de-stress by using the tools talked about to resolve the issue	Yes. The "I" concept makes sense by being able to get it (the issue) out in the open without criticizing the person you're talking with so it can be resolved peaceably.	Confront coworker using the tools when an issue arises	Nothing—very good delivery for comprehension
How to manage conflict with coworkers, participants, management in an effective manner	There are certain ways to verbalize that someone is making you comfortable. The BLIPS should be addressed in the proper manner before they escalate	Yes. As stated, it is a good refresher. It keeps us mindful of the potential olr clashes, crises if the blips build up	I'd be more assertive in a non-confrontational manner	More role play
How to deal with/manage internal/external conflict within the team; how to identify conflict	To deal with stressful conflicts at an early stage while it is still manageable and before it reaches an unmanageable point	Yes It's useful information for all staff at all levels.	To deal with the blips in my life before they get out of control	I thought the presentation was well done and very well prepared.
Managerial techniques to handling difficult situations/conflict	How important it is to express how you feel as opposed to passing judgment; not ignore confrontational situations	Yes	With coworkers/but even more with participants and at home with my family	Nothing except maybe include more staff and do some real situation role play with them.

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Info on conflict	How important it is to handle the blips before they snowball into a real conflict or clash; not only important, but possibly easier to resolve at an earlier stage	Yes, it was quite informative	To be more aware of misperceptions or potential for misperceptions and how to effectively try and resolve issues before they turn into real conflict	This was my first training re conflict resolution, and I feel that it was quite informative.
How to deal with conflict in the workplace	How to rephrase a statement to help resolve a conflict; how to approach and resolve annoyance	Yes. It was informative in handling potential conflict	It is useful in everyday life and in dealing with coworkers and family	It was a very good inservice. How to deal with conflict against things we have no control over such as note enough time in the day. Need inservice on time management and stress, too.
Ways of dealing with conflict to avoid it reaching escalation	Using I statements; ways to talk to someoné to discuss a situation	Yes Excellent way to help teach someone to discuss a situation before it builds up	Use I statements; Ways of rewording to not be threatening	Room stuffy
Identifying impending conflict; conflict stress management	Dealing with conflict in a constructive way; if done with honesty/clarity and I statements	Yes. I think some supervisors avoid confrontation by turning their backs on conflict	Study more I statements and seek more clarity	Shorter presentations; have it be more group specific for interchange; It bears expanding the time to include more role play.
Learn proper customer service;how to avoid conflicts ;how to prevent conflicts	How to address certain conflicts	Yes. To help people resolve outstanding conflicts; if everyone takes this seminar, then there won't be anyone who has clashes, right?	When dealing with clients and their families	More examples of conflict exactly how to handle the situation carefully.
Steps to resolve problems; evaluate before taking action	I statements; bringing things into the present	Yes. I think everyone should take this so if it happens and you confront someone, they know where it has come from and they understand.	If someone does something I don't understand or care for that bugs me, I can confront them and feel better.	Cooler room

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to better handle situations of conflict presented in day to day operations	I statements; differentiate between blips, clashes, and crises	Yes. There are ideas gained that can be applied to everyday life whether it be in the work environment or outside	Try to apply the steps approach to resolving conflict	--
Ways to communicate effectively to resolve conflict	Three step approach: identify what I need; state what I need; etc.	Yes Helps increase awareness of importance of resolution issues before they get out of hand	Being aware of what I need to speak up	Exercises and partners to practice what we learned
Help deal with certain conflicts	I learned ways to deal with conflicts	Yes because sometimes people do not always realize when they have a conflict	Finding better ways of communicating	Little more role playing
How to give better customer service	--	Yes	--	Maybe a full day
The correct policy/procedure for dealing with conflict in the office area	A few examples/suggestions were given that anyone can use in any situation	Yes. Everyone can take something back into their work area from this training	I just enhanced previous knowledge and it gave me more ways to handle a situation	Give more training to supervisors; help them to see that they actually do some of these things that cause clashes/crises to take place.
To learn how to deal with conflict that may arise in a calm way, without hurting anyone's feelings	I statements	Yes. They need it	Apply it to my work this weekend	More examples that apply to the different work areas.
How to handle telephone as well as person to person conflict	The I statements are much softer than the YOU statements	Yes. Some people need to learn how to use these strategies	I hope I will be able to remember this info when I am in conflict	--
How to better deal with conflict with patients and coworkers; to be able to identify potential conflicts	How to better deal with conflict with other coworkers	Yes it gives you a place to start from when you have a conflict	I'm going to try to understand both sides of an issue	To go over the crisis side of the conflict a little better.

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to be firm and polite at the same time; how to avoid or resolve a conflict	The importance of understanding a blip; how a blip can grow and get out of control	Yes. It is good to know I have a right to express my beliefs but need to understand your feelings	Understanding my own anger and how I should/can react in a positive way.	Have Act II of the instructors and the resolved paper crisis.
I would think that I would learn how to handle a conflict situation even if I am caught between two others that have a conflict	Conflicts are not necessarily big blowups between two persons. They start with blips. We need to resolve our conflicts as soon as possible in order to avoid dragging OTHER people into a larger conflict later.	Yes. I believe that this session helped me, as well as others, recognize conflicts that they may have. It also showed ways to deal with these conflicts in a timely and proper manner.	I hope to be brave enough to confront issues that make me uncomfortable using the 3 step approach to resolve conflict.	I cannot think of anything to change. I feel that it was terrific to invite us to speak of our own personal stories at the end of this session (especially the cat story)
How to constructively manage conflict	Blip build up; I statements	Yes	--	--
How to discuss conflicts and how to perform all duties without problems or how to solve them	How to resolve problems before they become crises	Yes for a better understanding of being able to work WITH others	Count to 10 and then come up with a calm way of trying to get my point across	Nothing was discussed about demanding attitudes of some employees and supervisors
To better manage conflict with less internal stress and more productivity	Reiterates previous training	Yes	Be aware and concentrate on listening to other person	More scenarios with improved language skills
What to do with conflicts	How to deal with conflict; 4 steps to resolve conflict	Yes. Very good	The 4 steps which I have before	Nothing but make it longer to talk more
How to handle conflict with others	How to get conflict out	Yes	I don't know yet	Nothing
How to deal with conflict with patients or staff	Try to talk things out before they get to the clash	Yes	Learn to talk	Longer session

Course Title: Dealing with the Stress of Change **Total Number of Participants Completing Surveys:** n = 88

Participants taking this course described their job positions as follows: **Tenure Range:** 1 week to 14 years

- Program Manager
- Activities Coordinator
- Head Nurse
- RN/OA
- Speech Pathologist
- Rehabilitation Secretary
- COTA
- Assistant Director OT
- Staff OT
- MDS/HR Clerk
- Driver
- Billing Clerk
- RA
- Certified Nursing Assistant
- Program Assistant
- RN/AHN
- Physical Therapist
- PT Aide
- Full-time Student
- Occupational Therapist
- Secretary
- OTR
- Coordinator
- Billing Coordinator
- Admissions Coordinator
- RN Coordinator
- Registered Nurse
- Social Worker
- Licensed Practical Nurse
- Physical Therapy Assistant
- Speech-Language Pathologist
- MDJ Coordinator
- Occupational Therapy Aide
- OT Supervisor
- Medical Records Coordinator (Director)
- Receptionist
- Comptroller
- House Keeper
- Account Clerk

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Learn approaches to dealing with "changes" that are not under my control to change and be able to help others to deal with problems as well	Ways to cope Awareness of manifestations of change	Yes! Very good information	Thinking more positively about coping with stress. I need to organize my life more and priortize	Could be longer—GREAT inservice!
Some pointers on dealing with change	It's important to speak nicely to yourself; don't stew: reframe.	Yes. Well, one of the ways to reduce stress is to talk about it	To be as creative as possible. I love the ball	Make it longer. Give the instructor a raise. Thank you for coming!

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Dealing with change and how it affects employees of a large organization. I'm sure this is a pre-training to new changes that we are going to be told to deal with in the near future.	Change can be dealt with successfully	Yes. It just helps to discuss how change and stress affect you. It helps to keep things in perspective	Let things go! Try not to be so angry with some changes.	Nothing. Make it longer. Your presentation was terrific!
How change can affect you (me) and maybe how to deal with it.	Ways of responding to stress; Learning how to use self talk and humor	Yes	Share it with my spouse and try to incorporate it with my whole family	We need more of these sessions.
I'm not sure if this inservice is to concern me personally or how to use the information in dealing with the Day Break participants. Either way it should be useful.	Everyone has stress. More likely than not there is nothing you can do to "buck the system" at work.	Yes. This is a high stress field.	I'll do it but alas, I'll still stew!	Nothing. Too bad we didn't have time for the full two hour session.
Ways to deal with changes.	Different responses to change; stress reduction	Yes. I think it was helpful	Letting go of things I can't control.	Having to worry about getting back to work was stressful.
Discussion to help prepare us for changes in the health care system. Openness to look at life as evolving; security as knowing yourself, your needs, thoughts, preferences, and positively working with them.	Nice review of information I have gained from my life.	Yes. Some staff deal with stress with fight and flight responses	Increase exercise regime	Explore more techniques
How to help me with stress.	To have a sense of humor to accept change.	Yes. It teaches you how to deal with situations. It is good practice.	In a positive way	Longer session; come back!

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How changes in life/job affect work behavior, interactions with co-workers, and personal life.	Change is inevitable and part of life you can be in control of ; emotions.	Yes. Interesting and thought provoking	Think about responses to stressful situations.	Can't think of anything.
How to deal with changes without getting stressed out.	How to handle changes; that your first response is denial	Yes, so more people can deal with stress.	Learn to go through the steps	--
How to manage anxiety and need to change the way you do things and think about things.	--	--	--	Have more role playing to be more effective.
What to say and do when you have stress and get stress.	How I can de-stress; good stress; can help with stress	I try to be good with stress.	It was good	Have a good day with stress; try to deal with it.
What to say and do when you have stress	There are two kinds of stress: good stress and bad stress; learned what they are.	Yes. It can be rewarding to people who have stress.	?	Have the people participate more who come to the stress program
What to do when you are stressed out.	Physical and emotional stress; most common stress for individuals is change.	Yes. So that they will know what to do when they are stressed.	Will try out everything.	--
New ways of dealing with stress; ideas for keeping a positive attitude about change; how to deal with stress and negativism of staff when dealing with change.	"me factor" control/no control	Yes. Healthcare and all the changes effect staff.	Incorporate into daily life	--
Dealing with stress in the work area with peers.	Defense mechanisms; fight and flight	Yes. Due to the excellent information in the course	I hope to work on the letting go better.	Not a thing.
Different ways to handle stress on personal and professional levels.	How stress affects people. Different ways to deal with stress.	Yes. It was interesting to learn ways you use your stress.	I plan to use my stress ball and not be so "verbal"	Nothing

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to deal with stress in the workplace and coworkers	How to deal with stress It takes time	Yes	--	Have it more
Stress management strategies	Important to take control of responses to stress; to let go of things that aren't in your control.	Yes	Probably use "response" techniques to control things that normally would feel out of my control.	Would like it to be longer and to include more information.
How to deal with stress in the workplace.	How to let stress out That I am a part flight and part fight person	Yes It was fun and informative	Try not to get stressed so easily	Nothing at all
What is important; how to prevent responses; how to manage stress in your daily activities; how to effectively deal with change; some management skills.	Look at long-term solutions Find the me factor in acceptance.	Yes Good handle on common sense	Try to do some control in change	The way it was presented.
Have no expectations prior; open to new info and ideas	Recognize what is stressing us; decide whether you have control or not.	Yes	The facility is constantly changing and it continues to change.	The amount of time we had allotted (only one hour)
How to direct or redirect stressful situations in the workplace and feel calmer or in control of the situations	Change occurs but can be accepted. Anticipate how to cope with change and stress.	Yes. This was a very calm but factual training that helped me to *realize* the stress that I probably have been under—the trainer was humorous and understanding, but not judgmental	In working with a difficult coworker (under many changes that are occurring) I will anticipate and control my reaction with this worker.	Longer. Small groups
I expect to review methods and reduce stress within the work environment at multilevels from patient to employee. How to deal with the changing healthcare environment in our work atmosphere.	To look within myself and recognize how I respond to stress; the steps of accepting a change.	Yes Helps you know yourself	When change happens—step back and allow myself to work through the process how it best fits me; to move toward gaining control.	More interactive Not lecture format

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to handle stress and stressful situations, stressful employees; how to set priorities and respond when certain expectations are not able to be met secondary to the staff.	The changes to make to deal with stress; stress affects everyone—my feelings are not unusual; I am able to respond to change in a mature fashion.	Yes. Allowing the "stressful" situation to be dealt with is easier among coworkers; understanding why coworkers react/respond a certain way and how we can cope with this.	Break down the steps to deal with stress; utilize the de-stressers to deal with stressful situations and changes.	Increase the time to 2 hours.
How to deal with changes from your normal routine	Change is inevitable and we must learn how to deal with it; exercise is the best stress reliever; change is a growing process—I never thought of it that way.	Yes. Because it brings up things everyone is dealing with and lets you know you are not alone.	Finding a better response to deal with my stress.	--
How to better manage/deal with stress and change.	How to respond to change How to work things through and adapt to change	Yes. Wouldn't hurt anybody to receive this training because everyone experiences stress in some way, shape or form.	Every day and in all stressful situations.	Maybe role playing of situations.
How to deal with the changes that occur in any setting when you are used to things being a certain way; coping with changes internally.	These were all things I have heard in other stress seminars; however, it is *wonderful* to hear it all again because in stress situations, it's easy to forget. I liked hearing the events of coping: Resist; Anger; Bargain; Acceptance	Yes. It is very informative	As a manager, I plan to pass it on to people in my department. I plan to use it more at work and at home!	--
I have no preconceived notion of what to expect.	--	I'm not sure—it discussed things that are obvious	--	Provide actual ways of relieving stress.
How to manage stress at work when everyone is under stress; how to help coworkers overcome stress	Depiction of stress; how to manage stress	Yes. It will be better if the program could be longer and have a second session.	I need to "apply" the different options to accept/control change and try to be understanding, not shocked	The length of the presentation or have a 2^{nd} part to have time for participation.

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Better ways to manage stress	Grief process is related to change /stress; recognizing fight/flight and that we need a combination	Yes. To gain control and recognize that we have it.	To plan better for stressful situations and to use stress management techniques	I would have liked it to be longer — 2 hours; more time allowed for questions; I would like to hear the speaker again.
How to manage stress	How important proper breathing is; how important a sense of control is to decrease stress	Yes it bring an awareness to stress and offers a way to cope.	Realize when I am stressed and how to better deal with it	--
How to control and manage stress in myself and in my environment and relationships both professional and otherwise	A sequence of steps in dealing with stress; how important it is to prepare yourself for changes in life.	Yes. It is always beneficial to be reminded about what stress is and how to cope with it.	Take a close look at my response to stressors and apply this to different stages of coping.	I would have liked to hear more about ways to relieve stress, maybe in more detail but overall this was a great presentation.
Managing stress	How to handle stress; how to cope with change.	Yes presented well, with humor	When changes occur, plan to work through it with more awareness	More time for presentation; present to management also
Techniques for stress management	It was a very good review of things I had learned previously	Yes to help look at how you react to stress.	Try to think about what stresses me and how to manage it better.	Nothing. Good presentation by the instructor.
How to deal with stress.	How/ways to deal with your stressors. Find what stage you're in and try to proceed to the next one; Deal with your anger or stress.	Yes. I would because this could save them their job or their health	Take some time during the day and look or thing about what has stressed me.	Nothing!
How to identify stress, deal with stress.	Good review; have taken a very similar course before	Yes	Share my stress	Make it longer. Expanding to 2 hours would be good. Also more practice would be good
How to handle stress in our department with different changes.	How to work on the opinions of stress; the changes stress gives you	Yes it was very interesting and helpful	I will try it when I become stressed.	Zero

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to deal with the stress of change	Even things that change are in your control	Yes. Discusses stress from change.	--	--
Learn how to deal with daily stress and to relax more whether it is at work or at home.	That change is not always a bad thing, to look at the big picture	Yes. Very informative—makes you realize that everyone goes through similar emotions when there is a change.	Remember that the feelings I go through during a time of change are normal, but I cannot dwell on it and need to try to accept it.	Nothing
How to better adapt to and accept the upcoming changes Northeast Health is faced with (I did not know hat this was about until I got here)	Change and stress can be positive; change is inevitable so I need to learn to deal with it in a positive/controlled manner.	Yes. It helped me to realize that I am not alone in dealing with the stress of change.	I hope to think about some of the concepts discussed before responding in helping to better manage my stress.	--
How to handle stress constructively	Stressors can be positive or negative. Change can be an opportunity	Yes. Change is a big part of health care now and most people here are stressed by it.	Will try stress log and look for opportunity in change.	Do exercises that foster active participation.
Learn more effective ways of dealing with stress.	Types of reactions to stress	Yes. Understanding the processes one goes through with change may help someone work through the process and not get stuck in one of the stages (e.g., anger)	May try stress journal	--
Deal with stress	Deal with change; let go of anger	Yes	--	--
How to deal with work-related stress	Think things through before flipping out, try to stay calm	Yes. To get a complete look at the big picture and how to possibly deal with things.	Follow the process of change	Nothing :t was very informative.
Positive methods for dealing with stress—good stress and bad stress	Talk is cheap—dealing with stress how to confront it from within; change is life	Yes	Talk with coworkers more about our shared workplace stressors	With only one hour per module, there isn't really time to practice this stuff—but it would be a good part of the training.
How to deal with stress productively	Stages of change	Yes, everyone should have this course as a refresher for coping with stress and change	Be more insightful in my reaction to change	Maybe incorporate some role playing
Ways to manage stress	Stages you go through with changes/stressors	Yes. Organizes and reinforces strategies that I already use	Use stages to cope with change in our department—department director leaving	

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Coping strategies (positive ones)	Certain stressors we are in control of and others we are not, even things that appear to be out of our control, there may be some element of this we can control	Yes. Help to reduce the level of stress, help to look at the overall picture.	Reduce stress levels at work and at home to help with overall happiness	Allow more time
—	You can control your reactions to stress, helped put feelings, experiences into words—helped organize the ideas involved	Yes, its informative, clearly presented, humorous	Apply it to daily experience, think about the steps	—
How to handle stressful situations in a healthy way	To consider all aspects of change—why it is happening, how it will affect me, what my reaction/response will be and if I can moderate my response	Yes. It mentions points relevant to our work situations and how to manage.	Walk myself through the steps mentioned before reacting/responding to the change	Stress reduction/relaxation demonstration
None	Change is essential—deal with it the best way you can	Yes. Learning is exciting	—	Should be longer
Ways to handle stress	Change happens, make the best of it.	Yes some people don't know how to handle stress	—	—
Some ways to channel stress in a positive way	To be more accepting of change	Yes. To know that some of the feelings we've been having are "normal"	Look for opportunities in changes	Have it be a little longer and in more detail
I have no expectations, I have been trained many times in this subject. I want to be here for my department as we all need reminders of our techniques to bring us back into focus	Remember to smile, have a positive approach	Yes. Good reminders	One of my weaknesses is to give untimely responses to coworkers requests. This inservice nudged me to respond faster and avoid stress	—
Learn more on dealing with the stress I get every day and a better way of dealing with it	Good and bad stress	Yes. Everyone needs to be able to deal with stress.	Count to 10	Make it longer
How to learn how to deal with stress at the workplace	How to deal with stress, what are some things that cause stress	Yes. So they can learn how to deal with stress also	Go somewhere and take a quick timeout	Nothing

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Accepting change and coping with stress	Ways to deal with stress	Yes most of my coworkers are very stressed.	In stressful situations, I will step back and count to 10	--
--	--	Yes. Very informative and helpful at the front desk	--	Make it longer
How to cope and deal with stress.	How to deal somewhat with stress	Yes because a few could really use it	How to cope with stressful things	Nothing
What causes stress, how to deal with it, and how to solve it.	There are many forms of stress; we control the response to stress	Yes I would recommend it because she lets everything and everyone bother her.	Learn to control stress at home and on the job.	Nothing
To deal with stress and change better.	Stress can be physically harmful	Yes I think that it has some good ideas of how to deal with stress.	At home where I have the most stress	Nothing
Work-related stress and strategies for minimizing and dealing with pressures	Strategies for reducing stress at work; how stress can impact on you physically	Yes was enjoyable and well presented; allowed for sharing ideas	Plan to use a journal	Make it a little longer.
How to deal better with stress during change	That healthcare workers have more stress than police, teachers, clergy, doctors, dentists,etc.; that people don't deal with change—causes stress, primary stressor.	Yes. Learning techniques to relieve stress count to 10, breathe deeply	Larn how to be less angry or in denial; bargain; in accepting change, recognize the me factor	Have session earlier in the day
Ways to deal with stress both inside and outside work and how to balance the stress.	To try to deal with either fight or flight; knowing that not all stress is bad and we can deal with it.	Yes. Just to let them know that al lot of us feel the same and it's not all bad.	Try to let things go more often and not get stressed about everything.	The time—morning is better—too much to do at the end of the day!
How to deal with stress	We have some control over situations; recognize what causes it and how we can deal with it.	Yes. It would help ease stressful situations	Try to recognize causes and deal with them	??
How to handle change and make things go more smoothly	Recognize we either *can* control or *can not* control a situation	Yes. If you can control any part of it, do it; if not let go.	Maybe I'll speak up more about things I can change or fix or help and let go of things I can't	?

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to handle stress and avoid stressful situations	Stress is universal; people handle stress everyday	Yes; educational; eye-opening	Recognize my stressors; use techniques (breathing)	Longer; more information on controlling and eliminating stress
--	There's a lot of stress in everything you do; you're not the only one with stress	Yes. It was interesting ; you realize there are different kinds of stresses	Try it out	--
How to deal with the stress of change	We are in control of our stress and choose how we react	Yes. To assist them in dealing with stress	Applying the techniques for reducing stress and personal growth	Topics covered too quickly. Should take more time to cover different areas and offer more techniques for dealing with stress.
How to manage stress and change	Everyone has stress in a different way; count to 10 if you are agitated before you speak	Yes. It is very stressful to try to please everyone in the facility so it is stressful to even come to class.	Try it when I am stressed	Nothing
How to deal with stress	How to control stress (different ways)	Yes so they could recognize when they are stressing	Already have	Nothing
How to deal with stress in a positive way	Deal with stress by breathing, etc.	Yes. It would be helpful	--	I presently would not have attended.
How to deal with the changes around me (ex: new supervisor, new billing methods)	Everyone has some kind of stress; ways to handle: ex: deep breathing, exercises, etc.	Yes. It was helpful	By realizing how bad high levels of stress can be, I plan to try a little harder at being calmer.	Nothing.
--	Everyone gets stress	Yes because it could adjust someone's attitude toward life and their job	--	That everyone needs to relax more.
Dealing with stress	To take time out and treat yourself (relaxation, etc.); Approach a problem differently	Yes. To help make the working conditions a little better	By reading materials and practicing methods	Nothing; presented well.
Reinforce tools to use in dealing with stress.	Techniques for dealing with stress; breathing, shoulder relaxing; good/bad stress.	Yes. Good material in a short timeframe	Read over handouts and start using techniques	--

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to deal better with stress that comes along with changes	Exercise to relieve the stress during the day. There is negative/positive stress	Yes. It was presented in a very "down to earth" manner—most seminars speak above you.	Tell others about seminar and what I learned	The temperature of the room!
How to relate to stress and deal with different kinds of stress	To try to make bargains when you're put on the spot	Yes. You can learn about stress and dealing with it.	Try not to get upset with situations that stress you.	Nothing
How to handle stress	That there is good and bad stress; how to handle change	Yes. I would recommend this training course to my coworkers because it was very educational	To resolve my stress	Nothing
--	There are stages of stress we all go through; 7 points of customer service are important	Yes because everyone faces stress all of the time.	At work and at home	A cooler room to increase ability to concentrate.
I expect to learn about good methods to deal with stress in the workplace so one can remain productive. Also how stress can effect you and your coworkers	Stress can be a real problem in the workplace; each of us can control our reaction to stress	Yes. Good for all of us to give some thought to this	Give it some thought, as to what ways to deal with stress.	More time to get into the subject.
Review of how to deal with everyday stressors	Reminder to take care of our bodies; reminder to take care of ourselves	Yea. All deal with a certain amount of stress	Continue to apply….	Room temperature!!

Course Title: Working Together with Our Differences **Total Number of Participants Completing Surveys:** n = 12

Participants taking this course described their job positions as follows: **Tenure Range:** 3 months to 28 years

Receptionist
Social Worker
Residents Aide
Grounds/Maintenance

RN Evening Supervisor
Assistant Supervisor for Housekeeping
Director
Physical Therapy Assistant

Accounting Assistant
Accounts Clerk
CNA/Activities Assistant

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
How to work effectively together	Everyone feels uncomfortable about some things some times; we can all try to be more observant	Yes. It was fun, upbeat, and made us think	I will share with those that didn't attend and will try to be more careful of what I say	--
I expect to be able to help my staff work together more effectively	--	--	--	--
Techniques to develop a better rapport with my coworkers	To respect other customers and not to prejudge; to do all you can to make someone feel a part of the team	Yes	Try to be more understanding	--
How to problem solve and work as a team so that we are efficient and provide a quality service; how to cope with people's differences	Everyone is different and its okay to try and work together while acknowledging their differences; differences are a PLUS !!	Yes. Heightens awareness	Through/with interactions with team members	No changes; good to have active participation from audience
How to handle problems	Don't prejudge	Yes	I am going to think before I say anything	--

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Skills useful in working together and having tolerance for each other, maybe even appreciating them.	We need to work with respect and understanding that we do have differences; communication goes a long way; within the work environment it is important that we are comfortable with each other.	Yes. It always helps us to look at our interpersonal relationships	Be more aware of situations around us.	--
--	Speaking up to coworkers and helping to understand	Yes. Some coworkers would benefit from this course	Thing about what coworkers feel	--
How to look past apparent differences and find common ground	Sensitivity	Yes. Real life scenarios were portrayed	To communicate better	--
How better to get along with your coworkers	Try to have communications; have a better understanding and respect for others; also PATIENCE	Yes some coworkers do shut off new persons.	Yes!	Nothing
How to work together with our differences	We are all different; communication is important before any judgment is made	Yes. Very good	We have new people coming in all the time; first thing is to make them feel welcome and communicate their value as a team player.	--
How to work with people who may "see" things differently	You are not always going to be "politically" correct.	Yes. It was interesting	Generally, just recognizing people. Try not to be quick to judge	--
--	When a problem occurs between you and a coworker, you should confront your coworker; don't judge someone on their first appearances.	Yes. I feel it was very interesting	To help solve everyday situations that happen at work.	Nothing.

Course Title: Difficult People: Strategies for Success **Total Number of Participants Completing Surveys:** n = 19

Participants taking this course described their job positions as follows: **Tenure Range:** 3 months to 28 years

- Patient Account Representative
- Branch Office Secretary
- Home Health Aide Service Coordinator
- Information Systems Coordinator
- Director
- Service Coordinator
- Team Secretary
- Senior Field Supervisor
- Physician Tracker
- RNFS
- Scheduler
- CHHA Secretary
- QNS
- Director of Program Development
- Client Service Representative
- Switchboard Operator
- Billing Coordinator

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Learn more; improve ways of dealing with people and different personalities.	Don't burn bridges with people; try to use humor in some situations; think before you speak—take a look at who you're dealing with	Yes. We could all use advice/pointers on dealing with people, we can never have too much knowledge!	Try to apply some of the practical solutions suggestions in every day life at work and in personal life.	Extend the video to cover a few more personality types.
How ways of dealing with tough work situations; dealing with different personalities	Be honest! Need to clarify as much as possible; try to work on ourselves first; we are not alone dealing with difficult people! It was good realize it happens to all of us	Yes. It would help anyone to take these points into consideration (would be to all our benefit and the company's benefit)	Try to put it into action and not just think about it.	Make it longer with more time to discuss and come up with ideas
How to deal with difficult people and what strategies to use under certain situations	What are the characteristics of each personality; how to diffuse or handle a situation with an individual with that personality	Yes. I felt it was very informative and how it was presented made it very interesting.	Through different situations with that personality I am more aware of how to approach them and deal with them.	Have all common personalities in the video segment.

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Identifiers, coping mechanisms, ways around blockers	Identification of personality, attitudes, relationships; diffusing skills	Yes	Practice!!	--
How to approach a difficult manner without yourself being difficult; being aware of the difficult people and staying clear. HA HA!	I learned how to control my self with difficult person and deal with the issues, not the person.	Yes. Because you can just learn how to deal with different types of people.	Very carefully	Nothing
How to handle difficult people	To be consistent with my own behavior; identifying problems and how to deal with them	Yes. It was very helpful with people we deal with on a daily basis.	I deal with difficult people daily and this reinforces with me how to handle them.	Nothing.
Tips on keeping your cool; keeping the end result in mind.	Remaining true to my own values while handling difficult situations.	Yes. Valuable perspective on real life situations.	Practice makes perfect.	Thanks! You did a GREAT job!
To help me in dealing with personalities that arise from defensiveness, confrontation, and constructive criticism	How to deal with "snipers" Reinforced and reminded me of things that will be useful in workplace and out of workplace.	Yes. Well organized—time to discuss situations.	I will practice these techniques	Give more time to discuss our scenarios of a difficult person or situation.
How to deal with people who are rude while I am on the phone with them. How to deal with people I work with-who think they make no mistakes and make rude comments about your work or your personality	How to come back with a calm voice to throw them off guard; understand that you cannot change people—but change the situation	Yes. There are little tidbits everyone can use on a daily basis.	I will try not to let that particular person bother and upset me. I am stronger than they are as I can admit my mistakes and try to get along with everyone the best I can.	--
Different ways to handle testy people—either clients or coworkers	Ways to diffuse difficult situations; strategies for dealing with difficult coworkers	Yes.Because everyone deals with these types of people or situations at least once in their lives.	Hopefully all that I learned; I'll apply it daily to my job. It will take some practice on my part.	Nothing

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
I expect to appreciate my expectations of coworkers and how to handle several situations that may arise from problems or difficulties	Respect a person's knowledge; hold my beliefs and knowledge strong	Yes. Because I feel that if everyone had this training, including the expert, attacker, and whiner, they would see how they come across to other coworkers.	To better myself in my position and add to my experience in handling my coworkers in my department.	--
Tips for not getting emotional or frustrated when trying to get a nursing assessment completed and the pt or family interrupts with numerous problems that are somewhat relevant but prevent completion of the task.	When a difficult person presents a situation it is possible to not get sucked in emotionally, but take a step back before acting or speaking; others have some assessments of nature and reasons for people being difficult.	Yes. It's helpful	Use what "house experts" have to offer, be firm with "attackers" and use "I" statements.	Have videos on the other 4 types of personalities.
How to calm people with an attitude without too much trouble and without them realizing that they lost the upper hand.	You should always try to diffuse a problem person. No matter what, don't give up you. You have to work with some people on a daily basis.	.Yes. There are a lot of us out there who can really relate to something on it.	Be e little more aware about how I say things to other people. Try to respect the feelings of the other person	Some instances just aren't real in real life.
Understanding common personalities and developing strategies on handling difficult ones.	Understanding personalities; understanding difference of emotional vs. working relationships; understand your own personality.	Yes	Address situations with an understanding of personalities	Offer more often.
Simple and quick answers for difficult people	I feel better educated to the different personalities in the work force; how to deal with different personalities	Yes	The tape was very good on how to deal with people. I found it useful for future problems.	Nothing.

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Suggestions on tactful approaches when conversing with difficult person or situaion	Don't jump to conclusions—weigh situations first.	Yes. Any new info is always beneficial in improving relationships, rapport, etc., to make your won work experiences more positive	Look back on inservice when/if dealing with stereotypes discussed and pull out what is appropriate.	A better movie on problem solving, less on customer service.
Positive ways of dealing with different people; how not to be a difficult person myself	--	--	--	More real life scenarios
I expect to learn a great deal with difficult people. How to settle conflict.	Be your own person	Yes. It makes you aware of the different people around you.	--	More clips
In working with many people, both staff members and residents, I encounter situations involving difficult people. It would be useful to look at those situations differently and learn how to find a positive outcome.	When dealing with difficult people, it's more about them and their issues. You therefore need to diffuse the problem and work towards moving them in a different direction.	Yes. We all deal with difficult people and learning ways to deal with them will help to get through situations without anger or major conflict.	I will be more aware of how I can change the situation by using different tactics.	Needs to be more lengthy so much to discuss.

Results of Participant Pre/Post Program Surveys
Supervisor Orientation to Tier II,
"The Seven Points of Customer Service"

Survey Questions-

PRE:

1. What do you expect to learn or review during this training?

POST:

2. What are a few of the most important things that you learned from this session?
3. Would you recommend this training to your staff? Why or why not?
4. How do you plan to use what you've learned?
5. If you could change one thing about this training session, what would you change?

Total Number of Participants Completing Surveys: n = 144 **Tenure range:** 35.5 years to 2 weeks.

Participants in these supervisor orientation sessions described their job positions as shown below.

- DayBreak Program Manager
- Food Services Director
- Pharmacy Manager
- Site Supervisor
- Transportation Supervisor
- Asst. Director Central Registration
- Controller
- Food Service Supervisor
- Print Shop Manager
- Director Housing/Commun. Apts.
- Administrative Assistant
- Director of RT
- Environmental Services Manager
- Activity Director
- Director of Social Work
- Director Central Registration
- Rehabilitation Supervisor
- Nurse manager
- Assistant Director
- Director Nursing Services
- Director of Pharmacy
- Office Supervisor
- Director Social Services
- Manager EH
- VP Corp. Support & General Services
- Accounting Manager
- Mat. Handling & Distribution Center Supervisor
- Network Manager
- Senior Field Supervisor
- Training Manager

ES Manager
Director
Security Manager
Social Coordinator
Sanitation Manager
Hospital Manager
Director of Maintenance
Housekeeping Supervisor
Central Intake RN Supervisor
Program Manager
Hospital COO
Director Clinical Services
Vice President/Manager
Field Service Manager
Manager for HR
Director OR/PACU
Assoc.Dir. Corporate Commun.
Director Corporate Health
Admin.Dir. Physical Rehab Ctrs.
Administrative Director Laboratory
Director Speech Pathology
ADN

Administrator
RN Field Senior Manager
SwitchBoard Manager
CIRAS Project Director
Director Patient Services
Director of INFC/Edu/QA
HR Manager
QNS
Medical Records Coordinator
Day Supervisor, Environ. Serv.
Director of Pastoral Care
Assistant Dir. Surgical Services
Director, Rehabilitation Services
Nurse Manager OB
Director, Education & Resources
Nurse Mgr. Emerg. Dept./ICU/CCU
HR Coordinator
Hospital ICC
Program Clinical Coordinator
Director Marketing/Housing
Director School of Nursing
Director Surgical Services

Executive Director
Occupational Therapy Director
Assistant Director Rehabilitation Services
Department Manager for Security
Director of Rehabilitation Nursing
Therapeutic Recreation Director
Day Center Supervisor
CED
Director for Engineering & Maintenance
RN Service Manager
Finance Manaager
Manager, Diagnostic Imaging
QNS
Director of Nursing
Media Relations Associate
Clinical Coordinator
Section Supervisor-Histopathology
Administrative Director Medical Imaging
Crisis Coordinator
Acting Dir. Occupational Therapy
Laundry Manager
Manager, Diabetics Center

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
--	Focus on critical issues; how-to specifics; perspective is everything and can be changed.	Yes. Definitely. Tool for personal growth; beginning effort to increase the work culture.	ASAP. Meeting scheduled this week (conflict between two departments)	More of them with more video examples but brief is okay.

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
To better deal with staff and clients	That we all make a difference and if we work together we can make an even bigger difference.	Yes. It helps us see ourselves and others in a non-threatening way.	All my staff need to deal with the public and we are also a csm. Group	None
Ideas, thoughts that are crucial when creating a positive customer relationship	Being able to take a natural negative and turn it into a positive—thinking in extremes	Yes humorous but very helpful.	To see the positive extreme and work with staff so they too see the ultimate ideal.	Temperature (rather cold)
Increase my sensitivity concerning other people's feelings and emotions.	Awareness; treat everyone as an individual	Yes. Everyone must be alert to the importance of this information.	Use it on a personal basis and in the workplace.	--
I am not sure	Everyone goes through the problems that I do.	Yes. Would be beneficial for my supervisors	Hopefully my managers and supervisors will be able to participate	Very good.
--	7 steps in customer service visuals for training will be created.	Yes good review of customer service	Discuss one topic for introductory meeting	More examples, less talking
Improvement on how we meet our customers' needs; how we can get our employees involved with our new customer service plan.	Review of the 7 points of customer service; interaction with facilitators to review the training modules.	Yes. Very positive time spent.	To review the 7 points of customer service with my staff.	Nothing. The session was very informative. The facilitators were fantastic.
How to better conduct myself with NE patients and coworkers. To learn more efficient methods of doing my job as a communicator and deliverer of health care.	How to turn negative points to positive ones; how to use anchoring process for more than just behavioral problems.	Yes. I believe all people in all capacities could learn from this.	I will use it when I have situations which fit any of the situations discussed.	Go through some more specific situations—to use as learning tools.
--	Positive and negative examples: great for workplace usage; conflict resolution critical in my department!	Yes! Done at a level understandable to all.	Incorporate it into my monthly meetings with staff.	--

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
No expectations other than a better way to approach our customers.	How to anchor expected behaviors; importance of modeling behavior; importance of positive appraisal on the spot.	Yes. I believe staff need to be educated often re: what is expected and encouraged to learn and grow.	Quick reference points of customer service as a daily reminder.	More working time to practice conflict resolution and to apply techniques to common line staff situations.
New or refreshed approaches in making customers feel they have been at the best primary care in the area.	Importance of supporting this program. The need to set parameters and expectations with my staff but hopefully with their input.	Definitely	I plan to practice these elements first with myself then branch out at work and also at home.	--
--	Involving my staff will provide better participation from them.	Yes! My staff TEND to focus on the negative.	Have my staff focus on positive to problem solve, empower them, increased communication—stop at the blips!	Check the humor alive—you all work well with each other. Offer cold drinks!
How to handle an angry customer	Employee training; a focus group developed this from within; took suggestions from other goals	Yes I can't do it all!	I'll take the 7 points of customer service and present them at our monthly meeting as an intro.	Flowed very well; nothing to change.
Customer service techniques	7 points of customer service and how to present them to our employees.	Yes. This training will allow them to become more customer oriented.	I will share the information with my employees.	Keep it the same.
Improve service we provide to both internal and external customers.	Apply everyday events to general concepts. Consider positive and negatives of events.	Yes. Would help to enhance skills in dealing with other employees in the agency.	Set examples for coworkers.	--
7 points of customer service.	--	Yes. Relevant and interesting	Continuously	--
What has been done to date and what is available for customer service training for staff.	The understanding of the training modules available for staff; in addition refresher on customer service.	Yes. It is very crucial that all levels of staff have this training.	--	Would like to see timeline on when other modules will be available (It was mentioned that there are 3 available now)

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
Not sure	You set examples by doing.	Yes. People develop habits whether good or bad and need new input and positive refreshers.	Not sure	--
Specific tools for current, increased patient expectations; expanded vision of service to our customers	There is energy and enthusiasm here (we sometimes lose that in our operations); there is a resource for us in customer service.	Yes. If their sessions follow this format, staff will be guided through the daily problems and formulate realistic high expectation solutions.	I'm planning on a module a month via our department meetings.	--
New ideas; principles the NEH system is recommending as ways to deal with customers.	I think it is great that a system as large as ours is developing these programs rather than outsourcing them; this really exemplifies the NEH mission and affiliates reputations.	Yes. Customer service is the basis for all tasks and everyone can benefit from reminders and reinforcements.	Try to increase my awareness of my current skills and my employees' customer service levels	It seemed like there was a large amount of info thrown at us in a short period of time (but it did show a respect for how valuable everyone's time is...)
How to maintain and improve customer services especially in light of increasing work loads and decreasing staffing	Concepts; language	Supervisory/management	To facilitate training staff at my department level gear them up for what training is coming keep them informed	Schedules for implementation to divisions not clear.
To improve customer service	To further analyze the points of customer service	Yes. To improve customer service throughout the organization	Incorporate it at future meetings	--
Improve communication and effectiveness with customers	No matter what department or level, we all feel the same things; answers and solutions don't have to be difficult or complicated	Yes being kind to each other and working on a common goal	Take it back to my staff and work on specific problems.	--
How to improve skills with public, residents, and staff	Positive and negative to each situation; strive for the + with everything; remain focused	Yes. It's important to have everyone strive for the + in life	With staff primarily to encourage looking for the positive	Show more of the videos
	Customer service is a key initiative for NEH. I am glad!	Yes! It was very uplifting and the concepts taught were	Review concepts on a regular basis; Practice techniques	Nothing. Well done! I look forward to attending other

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
	We are striving to do better as is proven by the creation of this course.	important and well demonstrated.	discussed.	modules/training.
--	The positive and negative of customer service	Yes so we can bring this info to our employees	To go over the program with employees to see what we can do	The time
How to manage my people better and to provide better customer service	Positives and negatives; similar to 7 habits	Yes it would be very helpful for them to understand the process	To show and inform employees of the future of NEH	Make it longer. 2 hours is not long enough to cover all of this material.
--	Look at the pros and cons of situations; show by example	Yes it is the foundation for teamwork	Review the 7 points with staff; review the seven points personally on a regular basis so that they become part of a natural thought process	--
Dealing with difficult people	How to handle conflicts; how to stay positive during the workday.	Yes	They remain focused on what we are all here to do. Stay positive so it can reflect on coworkers.	--
My role in improving customer service/satisfaction	Assigning values based on critical matters (useful during employee appraisals	Yes. Will promote customer satisfaction in all parts of organization—would be most beneficial to employees who have contact with clients (external customers)	Employee appraisal standards/goals	Satisfactory as given.
--	To consider both sides of the situation (the good and the bad); how to begin working towards solving conflicts with pros and cons.	Yes I would give them the opportunity to express ideas and concerns to other people than managers.	Discuss it with my staff at one point in time.	Nothing
--	Reinforcement of 7 points and their impact on our organization	Yes. Provided useful info in a very effective manner.	Include customer service in evaluations	Provide more explanation—maybe do it in a longer session
--	7 points of customer service and importance of	Yes. The concept has often been lost (customer service)	In a positive way—encouraging my staff to	Would have liked it to be more intensive—realize

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
	encouraging staff to utilize. Process of utilizing the above when working with staff.	and all of us need to know the best way to relate to others.	attend future workshops	however that this was not the plan—perhaps in the future. Thank you!
--	Review of some basic concepts—a refresher on what's important; how to relate and use information for performance appraisals	Yes. An excellent way to practice/put into action some basic skills that are so easily forgotten or ignored.	Especially useful in evaluation of staff	I was excellent: fun, interactive, informative. Good team dynamics exhibited among instructors.
--	CIs; focus on concepts, behaviors	Yes. I think EVERYONE needs to be more aware of and fluent in customer service.	Be more + and enthusiastic; focus more on customer needs.	--
Learning re tools for customer service; how to serve the "difficult to serve", "high maintenance" customer; setting role model of customer service for staff—it starts with us at the top; achieve customer satisfaction 100%	Commitment; leading the charge; the tools, the tools, the tools!	YES-Why would I not??	I want all employees to take modules and give ME feedback when I'm not handling CI well.	Just be cognizant of home care (independent employees, RN, PT, aide) employees with special environment of home care and show how to adapt concepts.
How to deal with situations, both positively and negatively with clients, staff, and customers	Reminder that issues we talked about are actual issues that we deal with on a daily basis	Yes	Send staff to training; incorporate into staff meetings	--
Improve and enhance understanding of dynamic forward thinking customer service qualities and skills	Good customer service is as important at the highest to the lowest levels of an organization, but it is impossible to have that without learning the basic tools.	Yes. Valuable information	Encourage staff to generate ideas on how to improve our customer service and work better together.	Can't think of anything at this time.
--	7 points of customer service	Yes	By encouraging the use of the 7 points to be used by	N/a

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
			employees	
--	An excellent review of how to handle customer relations; enabling us to give proper feedback to our employees	Yes	For positive and negative appraisal of customer service behavior	Fine!
--	Will assist with building new team in a new program with constant critical incidents of growth	Yes	Will go through training programs with staff.	Nothing
I feel we have a strong customer service focus at ECRC but today the NEH philosophy of customer service will be taught which gives support and strength to ECRC;s service and the other facilities' service.	The employee is viewed as valuable at NEH and is treated with respect as someone capable of learning and change. The way the customers are served by our system will make/break our business health.	Yes. All staff need to reflect the customer service philosophy.	Share 7 points at nursing management meeting and publicize and encourage attendance and training.	Good session.
Tips on how to be more :user friendly for our customers	Process for involving staff.	Not THIS training, but YES to the modules.	We can discuss this at staff meetings	This should either give quicker more streamlined overview of the modules (it" not a big surprise what will be covered based on the topics) and expect us to go to the module inservices, or else just do the full module program.
What is available for staff to learn improved customer focused activities	Plans for making training available to staff	Yes. Need for demonstrating positive behaviors	Promote attendance by staff	Have sample videos available
7 points of customer service	Communication is important in changing behavior	Yes. We have to work together effectively to get the job done.	I will try to use this information crises with Home Health Care.	I think it is perfect seems to cover all areas.
Refocus on customer service; review module content;	Real value in training modules for ALL staff.	Yes. Practical application	--	Well done!!

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
understand game plan for module presentation to staff				
Philosophical how to	Resources available	Yes all can learn to improve; need remotivation	Get sessions; go to sessions	More bathrooms!
Ways to increase our department's level of customer service and satisfaction	All areas are relevant to daily situations	Yes Many of the problems shown are happening now.	Incorporate into department philosophy	Seems fine.
--	I really find the 7 points of customer service beneficial; I would like to attend all of the training modules.	Yes I would like all of my employees to attend	What was presented today can be used daily in my workplace.	--
Positive ways of dealing with customer service issues.	The training modules offered to staff.	Yes. The topics seem very relevant and important	I will "buy in" to the process and utilize methodologies in the work setting.	--
The details of customer service and how it applies to our organization and the other affiliates.	Exactly the principles these sessions stress	Yes comforting	I work in the education department	Length of time was difficult for staff to be off the floor but I do support the ideas and message and realize the extreme importance.
Review of training modules	What's available for training; NEH 7 concepts; how to set concepts with CIs	Yes to expose to concepts , NEH values	--	It was good.
Gain a better understanding of where these inservices are going regarding bringing staff to a higher performance level	Techniques to try with employees working with negative to bring about positive changes	Definitely. There are many good practical technologies to try using common sense	I plan to help develop the staff I work with hoping to help them learn to help themselves with situations which would be a win/win for both of us.	I can't think of anything at this time.
To be given guidelines on how to do my job better.	The 7 point guideline how to take the negative and turn it to positive action	Yes. They will have better ideas on how to be a better employee	To treat customer and staff on the same level.	Nothing
Review skills to be flexible, focused, positive, and helpful.	The interaction of group/responsibility for	Yes	Use it, review it, pass it along to staff	Seems fine

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
	learning needs is important.			
--	Quality comes from customer service	Yes. Staff can benefit from customer service topics, staff has exposure to the customer daily and need to project very positive images.	Use at team meetings to teach/reinforce staff and individually.	EVERYONE will be exposed and apply the aspects to their situations.
How to better serve our customers whether they are patients, peers, employees, visitors,etc.	Reinforcements through 7 points of techniques for improved service. It's nice to help, not hinder. Use of 3-part model	Yes. Improve conflict resolution, how to deal with others without attitude; motivate employees and everyone in department to improve, which will also affect cost.	Dept. meetings, post where applicable, on department bulletin boards.	It was okay. Possible improved lighting/screen to see slides better.
How to differentiate ourselves from other providers by being known for EXCEPTIONAL customer service; how to exceed our customers' expectations; how to build customer focused behavior into everything we do for every patient, everyday.	Plans for NEH to reinforce importance of customer service. Shared vision of importance of customer service.	Yes	I plan on attending the training modules.	Nothing
How the developed modules will provide training to employees; learn content of a few of the modules; how the 7 points come into play	How the 7 points relate to everyday behaviors of CI that can be incorporated into the evaluation process. Also nice overview of the training modules.	Yes. Valuable customer service skills that always need to be reinforced.	--	--
--	Process for leading people through a concept	Yes. Very useful.	With ECC/ENS functional combo first	I was VERY impressed! Nicely done. You've all accomplished a lot. The system is fortunate to have these instructors! Don't

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
				change it—moved at a good pace. Thanks!
Principles of customer service	Toward improving CI	Yes. Good practical information	Practice in group sessions.	To see more of the videos—but we'll catch that later. Thanks!
Principles on customer service objectives of NE Health system for customer service	7 points review concepts that may be practiced by some, but need to be expected and required of all.	Have done so. Volunteer staff, but think this program could be given to volunteers as well.	Continue to promote the priority of customer service	Excellent presentation!
How to serve our customers better.	Customer service is important to all levels of management and staff—both internal and external—need to reinforce good behaviors	Yes	--	--
Reconfirmation of many common sense skills that we (hopefully) employ every day. I think the training will provide an overview of upcoming inservicing. (Pep rally to promote)	Review of the 7 points of customer service; recognition of the importance of following thru on them.	Yes. Good reminder for them that they set the example and they need to model and correct behaviors.	Discuss at our next OC meeting how to effectively implement facility wide.	--
Overview of system wide training modules	Refresher of providing true customer service—internal and external	Yes! Absolutely—I think this info would be well received from all employees	Department meetings—adding a refresher component—friendly reminders of best way to handle situations.	--
Guidelines for customer service concepts for the training	--	Yes. Ideas are important to bring to all levels of employees	AS daily reminders to stay focused on the positive.	Nothing
How to deliver quality customer service	All affiliates have common concerns/need the training.	Yes. It pertains to my job and department.	Will take back information to my department/reinforcement and new ideas.	Nothing
Confirm and validate the importance of customer	Practical scenarios to share with staff.	Absolutely. It is something we can all improve in through	Teaching staff and interfacing with coworkers, patients, and	-- I can't wait for the videos!

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
service. Treating people with respect and dignity—listening to what they hope to achieve and working cooperatively at accomplishing these goals with professionalism and courtesy.		the practice of teaching others.	other customers	
--	That the system is taking customer service as a priority	Yes. Something everyone needs to hear as a system	Work it into meetings, approaches.	--
--	7 points; common ground for expectations on providing excellent customer service with consistency throughout NEH	Yes consistency throughout system—education—interactive learning modules	Offer to all staff as part of orientation process, specific modules related to their jobs.	--
Validation, reward systems, appraisals	Liked specific examples	Yes	I do need to be less judgmental, but I feel I do use and reinforce all of these areas	Would like for telephone techniques for staff and more conflict resolution. Too long!!
How to improve department's customer service strategies	Review 7 points of customer service ; 3 training modules	Yes. Staff need to recognize facets of customer service	Share with staff and put into practice with hospital departments	--
Find new focus on how to continue to promote customer service with staff.	Organized new process to facilitate positive behaviors and present to staff	Yes. Excellent learning modules to reinforce 7 points.	Initiate introducing 7 points have employees discuss incidents.	Excellent! I can't wait to have ALL my employees attend "Taking Responsibility for Conflcit"
How to improve customer service review other training opportunities, eg. Modules available	7 points, concepts of anchoring, appraisal	Yes . Valuable info clear and direct.	Incorporate principles into team meetings and supervisory sessions.	Great as is!
New ideas related to customer service and review of concepts such as conflict resolution and how to best manage it and related	Appraisals need to be timely and on both ends of the continuum; need to be explained to employees	Yes. Most know these things but need to be reminded. These are people who are the first impression front line to customers.	Orientation/assessment and monthly meetings.	The time

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
employee/customer issues				
Review means of being positive in stressful situations	Across affiliates common problems	Yes Ins a more concise form; specific to dealing with high stress.	During unit meetings—share with clinical coordinator	--
Enhance customer service focus	Identify positive/negative of every situation; how to turn negatives into positives; observe behaviors.	Yes. Customer focus to internal/external customers is essential to our survival within the health care industry.	Focus and validate 7 points	Develop a standard within the system for customer service recognition; continue training modules
--	Customer service skills can always be enhanced	Yes	Staff education	--
Appropriate responses to patient/family inquiries; how to support staff efforts, staff being my customer.	7 points; need for particular scenarios to give the point	Yes. My staff primarily deal with internal customers—these points are essential.	Inform employees, model the 7 points, reinforce adoption by staff.	--
--	Reinforce what I already know	Yes	Continue to use	Little too long
How to be better customer focused	Starting with the worst case	Yes. Very needed	In staff meetings, to help deal with constant change	--
How to best meet the needs of all the patients and families	The 7 points of customer service	Yes	To use the story approach	--
Effective delivery of customer service	What training modules are available or in development; methodology for communicating critical incidents to performance appraisal	Yes. Much needed, glad that the opportunity will be given to all staff.	Bring back to staff and start methodology for critical incidents.	Nothing
How to improve customer satisfaction as an on-going goal	Good review of customer service theory; reinforce; support to staff; the principles.	Yes Good info	Share modules with staff	--
How to positively relate to customers within our system; how to elicit participation	Good overview; bringing out the negative in critical incidents	Yes. I would prioritize the sessions that they need. Could we get the objectives and	To support and encourage employee participation in this learning; and to model the	Possibly involve clinicians at the development level—the array of scenarios will be

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
from the employee group; how to deal with customer service issues during times of low morale		concise outline for each course?	principles; and to set and support performance expectations of staff	vast! NOTE: training session for clinical staff need to be 30 minute segments. Once a session reaches 1-2 hours, replacement staff will likely be needed. Other suggestions: SUMs, video training, 2 part/3 part sessions, luncheon presentations (maybe 45 minutes).
Strategies for maximizing customer service/relations.	There's room for improvements in everything we do	Yes (if I had a staff)	Try to apply what I've learned first; awareness is always the first step	Not practical, but it would be nice if training was more applied toward each field than general
Providing satisfactory customer service; how to work with other departments; how to better satisfy patients	That these programs are available for our employees	Yes This type of refresher would help refocus the staff on ways to better meet customer needs and raise their own job satisfaction	Advocate for these programs for my staff.	--
New ideas on how to get customer service mentally to the staff level; provide input into what is needed at staff level.	Specific method to present info to staff. Suggestions on how to provide positive feedback	Yes. Staff has the most point contact; if your front line isn't customer oriented, you're business won't be viewed by your customers as customer driven.	Begin presenting the 7 points of customer service at staff meetings; utilize appraisal methods.	--
Honestly, I have no idea -- as I have attended Seven Habits and hope that this incorporates the concepts beyond that training. Seven Habits is not for basic staff and am hoping this will be at more of a staff level.	That it (this program) focuses at the staff level.	Yes. Constant reinforcement of expectations.	Same way I use Seven habits	Introduce everyone (participants) at beginning of session. Helps to identify who you are working with
Improve customer services;	Future plans for improving	Yes to gain cooperation in the	Discuss to make employees	--

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
improve work environment; make services more doable and more appealing.	customer services and work environment	changes.	aware of ways to improve patient care.	
--	What we have planned to address management and staff training in coordinated and aggressive approach—long overdue!	Yes. Outlines the expectations for staff as key to customer service; gives them valuable skills	Invite/schedule modules at my site. Also will use standard development as part of my QI plan	Nothing—it was great.
—	We all have the same concerns system wide!	Yes people need specifics to do or say—examples and practice sessions; this reinforces; this okay to do.	Reinforce with staff—concepts and also review of each of 7 points at staff meetings.	--
--	The big picture will be rolled out consistently at ALL affiliates.	Yes	Reinforce behaviors that are +	Great job, folks!
Use of good telephone skills, conflict resolution, and management of stress on the job (That was what my memo said)	Some different points on customer service—other key areas to think about	Yes. Feel there are some groups at the staff level who could use this material.	Take this back to my affiliate and decide about use of modules.	Room was cold—screen was somewhat hard to see—good content and presenations.
--	Responsibility for conflict—also would like to take several modules myself	Yes. Need continuous reminders; also lots of stress currently	Keep 7 points; read them daily	0
Major elements of customer service	Major points of customer service; ideas on how to approach customer service...	Yes. Great practical learning	By practicing	More specific to particular environment—but realize difficulties in this.
Customer service tools; management overview	We are all in this together; NEH system is aware of the importance of customer service and the tools we will need to accomplish our goals	Yes. This training could be helpful for the right employees who need help in specific areas.	Go back and reinforce what the customer service tools are and how we all can use them	It was a great overview of the program
New tools in handling customer service	Points of customer service and how to apply them	Yes to become involved.	Example	--
--the importance of	Yes. The staff will feel they	Use the focus points in our	0. Very good!	--

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
cooperative, contented employees before we can extend good customer service	are important also, because training is usually for supervisors and managers.	monthly meetings.		
	Work with staff to develop their confidence; I understand better what customer service means now.	Yes. Excellent session. I learned a great deal from this	Help to guide my staff in a positive direction to resolve conflict	Nothing—it had humor along with learning modules.
Customer service program at NEH expectations of management staff in supporting customer service tenets	Behavior modification model; objectives of customer service program for 1997	Absolutely; especially conflict. Quality programming linked to organizational values	I plan to do a general overview at the next departmental meeting and take a couple of points each month to define the + and -	Objectives of the three programs in unit. Thank you! Your hard work is appreciated!
How to deal more effectively with my customers; how to deal with conflict for a positive outcome for the benefit of the facility and how to manage the stress of the job	That although each of us have different occupations/professions, we all deal with the same core issues. I knew this, but was reinforced.	Yes. Very good information that all of us deal with each day in our private and professional lives.	Pull out for my employees the modules that are important	The way it was introduced to employees (I received a letter saying I had to attend)
What I can do to help employees to deal with conflicts	Need to communicate with employees	Yes	Implement and work with staff on taking responsibility for conflict	Session was very informative
Review of good customer relations!	There is help available!!	(I have no employees who work for me)		See a clip of the other 2 videos
How to improve and refine my customer service skills and to learn and develop new skills.	Importance of good customer service and why it is important and how to use it effectively.	Yes. Self confidence in employees and feel they are part of the effort	Encourage employees to attend future modules; use info I've learned	Felt it was very good/ wouldn't change anything.
How to treat people (customers) in a more open and friendly manner; stress management techniques	Verification of customer service	I would recommend the eight modules, but not the entire overview.	Tack the card near my phone to review the 7 points	Great session.
Stress management; improved customer service	Customer service is important!	Yes	Practice—have my staff attend some sessions	More interactive, practical

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
orientation				
Improved customer relations/service ability	Good overview of program to come	Yes Some of the courses will help staff with their interactions with customers	Overview to reinforce the importance of training to staff.	Nothing I can think of.
Basic customer service skills	Anchoring	Yes. It provides good specifics for them	Share with staff, relate to training where appropriate.	I didn't know before coming that the program would be rolled out to all employees. That would have been good to know.
Guidelines to improve customer service techniques and to train staff to improve customer service	Overview of the customer service principles; overview of how staff will be trained on these principles.	Yes. It's needed.	Assist with training staff.	Nothing
I would like to learn more about NEH's customer service effort. How to deal more effectively with change and problem solving.	I learned about the training modules that will help me and my employees in dealing with stress, change, etc.	Yes. The training modules will be helpful to staff members in being better people and employees.	Being more proactive in dealing with ways in dealing with employees.	More info about the other training modules.
Appropriate techniques for dealing with customers	That people are aware of the difficulties that ALL employees are facing in the changing health care environment. It was fun and uplifting.	Yes. Positive approach enjoyable interaction with other staff members.	I plan to utilize the tools when dealing with employees	Nothing I really enjoyed it.
--	The 7 points of customer service; the concept of the continuum of +/-	Yes. To reinforce the importance of customer service—to improve interaction among each other	Think about the 7 points and utilize them everyday.	I enjoyed it!
--	Review of conflict resolution; what NEH has for training programs. What we can expect for training programs	Yes	Practice the concepts—pass on to staff.	Have ice with water or juice.
How to maintain alignment with customer needs; how to	We need to keep reinforcing customer service techniques	Yes	Share with others.	--

Prepared by Performance Plus Learning Consultants, Inc.
RR1, Box 91, Rockport, WV 26169 6 California Avenue, Charleston, WV 25311 (304) 343-6861 FAX (304) 342-4996

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
cope with stressful change.	with our employees			
Understand the NEH expectations and tools for customer service; new ways to implement customer service tools; improve my skills enhancement	Anchoring; positioning examples for both positive and negative uses.	Yes. Improve their communication effectiveness; to deliver a message; they would be taught examples of critical incidents for worst/best examples and how to identify these situations and when they understand how the worst effects people, they may work better for the big result; learn from others	Use better examples in performance appraisals so they learn from situations they have been in. Use it in weekly team meetings	Have an agenda. Great speakers; clear and interesting
Customer service	Using anecdotal critical incidents; 1 minute managers, etc. Overview of modules—want to get my department to do responsibility for conflict.	Yes. 7 steps are good way to focus thoughts and behaviors.	Try to apply individually and in department meetings (and maybe quality council)	Reinforce examples of use in individual departments
Service to the customer; employees included.	Using critical incidents for purposes of appraisal and development	Definitely	Incorporate the 7 principles in everyday use. Gradual introduction to staff in department meetings.	No changes. Thank you for the information
REINFORCEMENT of customer focus in all that we do. We began several years ago by identifying our consumers, shareholders, and stakeholders, key services, and quality indicators for measuring success and direct continuous improvement.	That NEH has modules available.	Some. Much has been done and continues to be done in our department/affiliate currently.	Communicate/model (post) the 7 points of customer service. Rework our quality indicators—incorporating the 7 points with staff. Once defined, add to position descriptions and equate with 7 habits.	Train the trainer is a wonderful way to incorporate the 7 points as the 7 habits into our areas. One hour sessions are not enough
--	--	Yes. Would help our supervisors to better deal with our off-site clients, on-site clients, and employees as	Share this info with employees and supervisors at department meetings.	Maybe more examples possibly video to reinforce the verbal instructions and content.

Responses Question 1	**Responses Question 2**	**Responses Question 3**	**Responses Question 4**	**Responses Question 5**
		well.		
--	7 points; overview of individual training modules	Yes	Observe behaviors and correct as they happen.	--
--	Identifying conflicts—encouraging responsibility for resolution; 7 points	Yes	Actively with employees participation	--
--	How important kindness and sensitivity works to hold an organization together	Yes the input is important to themselves and leaders	Listen—look—be enthusiastic and understanding	I felt it was very well organized and enlightening.
Learn more about customer service to the customer and enhance what we already do	Processes for the 7 steps	Yes	Use the processes daily	--
How to manage staff better and help them to be the best they can be (me too!)	What's available in training who needs the particular modules; my part in follow up after the training.	YES. MUCH NEEDED	Will be useful during staff meetings.	Nothing. It was great! Thank you.
--	Reinforced key points to be used on a day to day basis	Yes. Provide opportunity for involvement	Incorporate into daily operations	Length of break (too long)
How to better serve our customers and staff	7 points of customer service; the training modules that are available; continuous appraisal	Yes. Because our employees are in the public view and should have the tools necessary for dealing with them.	When a situation arises, try to implement this process to better serve our customers	Have more tables for the people sitting outside the are. It would be more comfortable to participate.
Learn basic concepts and learn tools to achieve customer satisfaction	7 points of customer service; modules available to staff; realize that we HAVE HELP with staff training.	Yes. It is an individualized approach and is implemented in steps.	Introduce it as a staff meeting.	Nothing
Effective tools to use during the everyday workings of our employees	Recognize change	Yes	I will meet with my staff	More interaction
Conflict management; stress management; customer relations; teambuilding	The support for the direct line staff to improve customer relations	Yes. To improve customer relations (staff as well) and satisfaction	Share with employees	More coffee!!!
Problem solving techniques;	Problem solving; conflict	Yes	Inspiring and educating my	It was fun and informative!

Responses Question 1	Responses Question 2	Responses Question 3	Responses Question 4	Responses Question 5
dealing with conflict	resolution; educating and informing employees		employees	

Appendix B:
Sample PDP and PPLC Data Collection Instruments

The EDDY/Northeast Health/Rockefeller College WORKFORCE DEVELOPMENT PROGRAM

PARTICIPANT PRE- and POST-PROGRAM SURVEY

Today's Date:________________________

Training Topic Title:____

Name of Your Affiliate:____

Your Job Title:____

How Long You Have Worked for The EDDY/Northeast Health:__________

DIRECTIONS: *Please answer the question below BEFORE you take this training:*

1. What do you expect to learn or review during this training?

____

____

____

____

____

____

____

[At the end of this training session, you will be given several minutes to answer the questions on the other side of this form.]

DIRECTIONS: *After you have completed this training session, please take a few minutes to write brief answers to the questions below:*

1. What are a few of the most important things that you learned from this session?

- ____

____

- ____

____

2. Would you recommend this training to a coworker? __________ Why or why not?

____

____

____

3. How do you plan to use what you've learned?

____

____

____

4. If you could change one thing about this training session, what would you change?

____

____

Thank you for taking time to answer these questions. Your information will be used to help strengthen this training.

Performance Plus Learning Consultants, Inc.
RR1, Box 91, Rockport, WV 26169-9576
(304) 343-6861 FAX (304) 342-4996

The Eddy/Rockefeller College Workforce Development Program
(NWLP FY93)
Pre/PostTraining Evaluation Survey Instruments

PARTICIPANT POST-PROGRAM SURVEY

Social Security #____________________

Date:____________________

Name of your Eddy affiliate: ____________________

Directions: Please answer each question below. The information you give will be used to evaluate and help improve the program(s) you have attended.

A. Background information:

1. How long have you worked at The Eddy? ____________________
2. How long have you worked in Elder Care? ____________________
3. How long have you worked in your present position at The Eddy? ____________________
4. What is your job title at The Eddy? ____________________
5. What is your age? ____________
6. What is your sex? ____ Male ____ Female

B. Course Information:

7. What can you do now that you couldn't do before taking the *Workforce Development Program* course(s) in *Essential Skills for the Care Team*?

8. Did you miss any time from this training course? ____ Yes ____ No

   If so, how much time did you miss? ____________________

9. Has this course helped you meet or work toward any of your personal goals? ____ Yes ____ No

   (If you checked yes, please answer the next part of the question)

   In what way? ____________________

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TO: Pauline Pallozzi, Aimee Isabelle, Carol Arkins, Vicki Cummings
FROM: Jorie Philippi, Performance Plus Learning Consultants
SUBJECT: Development of Performance Indicator Rating Scales
DATE: October 23, 1995

During our brainstorming session together in late May, we worked toward identifying measurable behaviors that can be used to determine the impact of basic skills training on job performance in your areas of supervisory responsibility. As a group, you suggested the following behavioral categories as capabilities that competent workers exhibit to a great degree, and average and less-than-average workers to lesser degrees:

- communicating honestly and directly
- displaying politeness
- being cheerful and happy in work
- being patient-oriented
- following directions consistently and reliably
- asking appropriate questions

We then asked you to list the specific observable behaviors for each of these attributes that you would classify as indicators of either outstanding or poor performance when observed in workers you supervise. The results of those lists have been arranged as first drafts of performance indicator rating scales for use in the near future as instruments for pre/post employee basic skills training evaluation.

Would you and any of your colleagues who would like input, either as a group or independently, please carefully review each of the attached performance indicator "snapshots" according to the directions on the next page and make suggestions for any improvements you would like to see? Our deadline for their return to Christine Katchmar, who will forward them to us for revisions, is November 20. Thank you for your assistance with this endeavor to work with you in preparing EDDY employees to better meet the job demands of today and tomorrow.

Directions

1. Record your suggested changes right on your copies of the rating scales.

2. Read each enclosed rating scale carefully. Delete or combine any behaviors listed under columns 5 or 1 that seem repetitive by crossing them out. Add any new behaviors that occur to you by writing them in the blank cells under the appropriate column.

3. Re-read each list of behaviors under columns 5 and 1. Circle any behaviors that an average worker also would sometimes exhibit and indicate that they should be moved into the spaces under column 3 by drawing arrows. Add any additional specific behaviors that an average worker might be observed performing by writing them in the blank cells under column 3.

4. Re-read each of the behaviors in the rating scale. Clarify any items that are not specific OBSERVABLE behaviors by rewording them or by adding job details and examples, as needed.

5. Return your marked up copies of the performance indicator rating scale sheets to Christine Katchmar by Monday, November 20, 1995. Thanks for your help.

I. Communicating Honestly and Directly

5	3	1
Makes observations of patient and/or family members; seeks help; attempts to handle and report problems to appropriate person.		Maintains silence.
Tells supervisor if he/she has done anything wrong.		Talks in circular fashion; causes supervisor(s) to have to search out information or answers.
		Discusses problems or issues with co-workers, rather than telling supervisor.
		Denies or tries to cover up any thing he/she has done incorrectly.
		Is unable to resolve minor issues with co-workers through communication, thereby causing conflicts. For example, when a co-worker doesn't respond to a request immediately, then she/he gets upset with the co-worker and the situation escalates.

II. Displaying Politeness

5	3	1
Addresses patients by name.		Ignores visitors to floor, e.g., even if he/she knows visiting person is "lost."
Says "please" and "thank you."		Exhibits gruff mannerisms; if he/she is having a bad day, you'd know it.
Greets visitors.		Uses a tone of voice that lets you know that, even though he/she is doing something for you, he/she is not happy about it.
Shows consideration for co-workers.		
Smiles frequently.		
Offers to help.		

III. Being Cheerful and Happy in Work

5	3	1
Always smiling, especially when talking to patients.		Frequently complains.
Tries to get others who are "down" out of bad moods.		Gives excuses when asked to do something.
Exhibit positive attitude, e.g. way he/she walks, talks with people, etc.		Slams doors.
		Drops things.

IV. Being Patient-Oriented

5	3	1
Displays attitude of seeing each patient as an individual, e.g., whenever a patient needs something, tells RN.		Exhibits attitude that patients should conform to his/her schedule.
Makes sure that patient's appearance is good before going to appointments (e.g., therapy) to uphold patient's dignity.		Refers to patients by bed numbers or as "that person."
Answers calls from those patients who aren't assigned to them as well as those who are.		Takes no action to answer lights of those patients who aren't assigned to him/her, and sometimes does not respond quickly to lights of patients who are assigned.
		Seldom does "extras" for patients, e.g. watering flowers.
		Indicates that patient is always "wrong."

V. Following Directions Consistently and Reliably

5	3	1
Shows up for work and is on time.		Only does things correctly when he/she is "in a good mood."
Does entire assignment, e.g. given a list of patients, extra duties, etc.		Frequently needs to be reminded of duties during the shift.
Displays attitude of expecting to complete assignment and gets done in reasonable amount of time.		Spaces work out to fill shift.
Displays willingness to do whatever is asked.		Hides out in patients' rooms, watches TV.
Comes back and reports to supervisor on status of assignment if asked to complete certain tasks within a specified time.		Reports to supervisor only right before going home; causes supervisor to seek out information.
Exhibits self-initiative and organization; seldom needs to be given direction (e.g., picks up for co-worker having trouble without being asked).		

Workforce I opment Program ✓

OM 1875-0105
Expires Nov 30, 1997

ATTENDANCE ROSTER
(Please print all information.)

COURSE NUMBER:
COURSE NAME Learning Strategies for Home Health Aides

INSTRUCTOR Mary Ha
DATE March 19, 20, 21
DELIVERY LOCATION Columbia Ave.

Learner				Instructional Sessions						Completion Status	Reason for Non-Completion
Name (Print)	Unit	Shift	Work Location	1	2	3	4	5	6		
1 Mary Jane Lane				✓	✓	✓				C	
2 Susan Siriangi				✓	✓	✓				C	
3 KYLE LAWRENCE				✓	✓	✓				C	
4 Kelly O'Brien				✓	✓	✓				C	
5 NANCY KOPEC				✓	✓	✓				C	
6 Elizabeth Zordubara				✓	✓	✓				C	
7 Tiffany Sicko				✓	✓	✓				C	
8 Heather Kelly				✓	✓	✓				C	
9 RONNICA POWELL				✓	✓	✓				C	

Attendance Codes

✓ = present
- = absent

Completion Status Code

D = Dropped out of course
T = Transferred to another course
I = Incomplete, needs more skills or hours to complete course
C = Completed Course

Reason Codes:

1 = Family/health reasons (other than child care problems)
2 = Met personal goals
3 = Child care/transportation problems
4 = Left job/moved from area
5 = Lack of interest
6 = Unable to get release time from work
7 = Other

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The Eddy/Northeast Health/Rockefeller College
Workforce Development Program
Attendance / Outcomes

Learning Strategies for CNA [✓ HHA]
Course Number EP09
Instructor N I
Delivery Location(s) Colvin
Date(s) 6/10/97

Learner: please complete			Instructional Sessions			Assessment				
Name (print)	Social Security/ ID#	Work Location	Date	Date	Date	PRE	POST	GAIN	Comp Code *	Comments
1. Laurie Mohamed-Ali	105-58-0158		6/14/97			50	70	20	C	
2. Stephanie Lebrecht	078 52 2461					30	60	30		
3. Rozanna Vasquez	04460 8902					50	70	20		
4. Seana Gill	257-45-0558					30	60	30		
5. Eileen La Plante	11330 6614				50	~~60~~	50	0		
6. Jennifer Bennett	07456 4250					50	70	20		
7. Amy Cucuzza	083642439		6/10/97			47.5	60	12.5		
8. Tricia L Warren	119 66 0796					50	60	10		
9. Debra Long	07146-7815					30	-	-		No Post [illegible]
10.										
11.										
12.										

INTERNAL USE ONLY
9 TE
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TH
7 TW
TO
MA
MB
MH
MW
MO
4
JO
5

* Codes: Completed C Dropped D Transferred T Incomplete I

Reason
1 - Family/health reasons (other than child care problems)
2 - Met personal goals
3 - Child care/transportation problems
4 - Left job/moved from area
5 - Lack of interest
6 - Unable to get release time from work
7 - Other

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T 6/14

Activity Report June 1996

The Eddy/Rockefeller College Workforce Development Program

(National Workplace Literacy Program FY 93)

Beginning
ending

Date & Time	Location	Activity		Personnel Involved (Name & Role or # Participants)			In-Kind Contributions			Comments
		Type	Title	Rockefeller	Eddy Staff Admin.	Eddy Staff Other	Source	Unit	Amount	
[illegible]	ECC [illegible] Ave Albany	Training	[illegible]	[illegible] [redacted]	B Timms (2) 6/5	HHA [illegible] (4) [redacted]	Space (x) Equip VCR Monitor Stay/Tim 1(1hr) 6(4)x1 " "	1hr 1hr 1hr 1 day " " = 1hr = 6hrs " "		[illegible] [redacted] [redacted]

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"Conflict" Tier 2 ✓

The Eddy / Northeast Health / Rockefeller College
Workforce Development Program
Attendance / Outcomes

New Directions in Customer Service
Course [illegible]
Instructor(S) [illegible]
Delivery Location [illegible]
Date [illegible]

Learner: please complete			Assessment			
Name (print)	Social Security/ ID#	Work Location	PRE [illegible]	POST [illegible]	Job Title	Comments
1. Nancy F[illegible]	097 327970 ✓	NU I- Courtyard	✓	✓	3-11 Supervisor	
2. Sandy G[illegible]	089-32-0196 ✓	STAFF DEVELOPMENT	✓	✓	STAFF DEVELOPMENT [illegible]	
3. Robin [illegible]	0E2 62 8[illegible]4 ✓	NU II	✓	✓	LPN	
4. PETER [illegible]	120-46-4822 ✓	MAINTENANCE	✓	✓	MAINTENANCE	
5. [illegible]	[illegible]-40-7231	GROUNDS		✓	[illegible]	
6. Sharon [illegible]	102-52-0798 ✓	Admin.			Receptionist	[illegible]
7. Joyce Anderson	070-38-1310 ✓	admin	✓	✓	receptionist	
8. [illegible]	106-18-0567 ✓	ADMIN	✓	✓	VAN DRIVER	
9.	122 38 6831 ✓		✓	✓	CNA ACTIVITY ASST	came in a bit late - did not sign in
10.						
11. CARLA [illegible]						
12. [illegible]						

* Codes Completed C Dropped D Transferred T Incomplete I

Reason
1 = Family/health reasons (other than child care problems)
2 = Met personal goals
3 = Child care/transportation problems
4 = Left job/moved from area
5 = Lack of interest
6 = Unable to get release time from work
7 = Other

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CNA Job Task Analysis Interview

Introduction

Hello! My name is ________ and I am from Rockefeller College. Did you receive my letter about this interview and the job observation [tomorrow]? As you know, the interview and job observation are part of the job task analysis for the Workforce Development Program. How much do you know about the Workforce Development Program? [Based on the response, provide a brief description.] [Give the CNA two information sheets.]

Through this program, additional ways for CNAs and HHAs to further develop their skills will be offered. The training will be provided on-site. ......etc. The information I gather today is designed to help us develop the most meaningful training possible.

Today we'll talk about your job and the skills that you use such as observation, listening and speaking, reading, writing, and math. I will begin by asking you background questions to help me better understand your work. Then we will talk more specifically about the different skills required for your job.

This interview will take one hour. Then [date and time] I will go to your unit so you can show me your job as you are actually doing it. I'll be observing you from [ ] to [ ]. Afterwards, we will pick a quiet spot away your work area to discuss any remaining questions you or I might have. That should take about 15 minutes.

The information I am gathering is about the skills needed to perform the job of a CNA here at [the facility]. I will be focusing on the tasks that CNAs have to do; I will not be collecting information about your job performance. I will be taking notes during our interview, but these notes and any specific comments you make will be kept confidential.

Do you have any questions before we get started?

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Background Information

I'd like to start by getting a little background information.

1. You are a CNA, is that right? How long have you been a CNA?
   - How long have you been with [this facility]?
   - Have you held other jobs here?

2. Since you have been a CNA [at this facility], what training have you attended?
   - Inservice training?
   - Safety training?
   - Equipment training?

3. Are there positions at [this facility] to which you would like to promote or transfer?
   - Are there additional skills training you would need to be promoted?

CNA Job

Let's talk more specifically now about your job as a CNA.

4. What are your primary job responsibilities?
   - What are the tasks that you do the most frequently and that are most critical. It may be helpful to think about what you do in a day from start to finish.

5. What equipment and work aids do you use?

6. What meetings do you attend as part of your job?
   - Do you offer **ideas**?
   - Do you need to take **notes**?
   - Are you required to do any **follow-up** activities based on the meetings?

7. How do you see your work as being part of a team?
   - In what ways? In what situations?

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8. What do you do when something goes wrong?
   - A piece of equipment breaks down or malfunctions?
   - Someone before you did not do a thorough job?
   - There are **disagreements** among co-workers?

Workplace Basic Skills (communication, critical thinking, and mathematics)

Now I'd like to ask you about some specific skills you use while you're doing your job

9. When do you need to use **observation skills** as you are doing your job?
   - What/who do you need to observe?
   - For what purpose??

10. When do you need to use **listening skills**?
    - Who do you need to listen to?
    - For what purpose?

11. When do you need to use **speaking skills**?
    - Who do you need to speak with?
    - For what purpose?

12. What **reading skills** do you need?
    - When do you need to read?
    - What types of materials do you need to read? [Ask for examples of materials.]
      - Safety signs?
      - Forms?
      - Notes?
      - Instructions?
      - Manuals?

13. What **writing skills** do you need?
    - When do you need to write information?
    - What type of writing do you need to do? [Ask for examples of materials.]
      - Forms?
      - Notes?

14. What **critical thinking skills** do you need?
    - Decision-making (e.g., evaluating and choosing the best alternatives)?
    - Problem-solving (e.g., generating alternative solutions to a problem)?
    - Knowing how to learn (e.g., learning and remembering new facts or processes)?
    - Creative thinking (e.g., suggesting new ideas, procedures or systems)?

15. What **mathematics skills** do you need?
    - Computing numbers?
    - Charting numbers?
    - Measuring?

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Workforce Education Program

Finally, I'd like to ask you some questions that relate to the training we are developing for new CNAs.

16. Have you worked with newly hired CNAs? [If yes,] what do they do best? Why?

17. What do newly hired CNAs find the most difficult? Why?

18. What type of basic skills training would be helpful for new CNAs?

19. How do you see the Workforce Education Program benefitting your unit?
    - Improving communications or teamwork?
    - Improving reading, writing, or math skills?
    - Improving safety?
    - Improving quality?
    - Encouraging employees to problem solve?

20. What potential barriers do you see for new CNAs taking part in this training?

21. What suggestions do you have for this training?
    - about the content
    - about scheduling
    - for instructors

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CNA Interview: Job Activity/Task Sheet

Job Activity/Task: ______________________________

A.1. Please describe [this activity/task] in general.
- What is its purpose?
- What is the desired outcome?

Observation Skills

O.1. In what ways do you need to observation skills while you're doing this task?

O.2. How do you use your sense of sight, hearing, touch, and smell during this activity/task?

Communication Skills

C.1. In what ways do you need to communicate with co-workers, supervisors, residents, others as you're doing this task?
- Is this mostly **verbal, non-verbal, written**, or how?
- Do you use the **phone**, a **pager**?

C.2. What is the purpose for the communication?

C.3. What is the content of the communication?

C.4. How do you decide what you have to speak to each person about.

C.5. How do you receive **instructions** for doing this activity/task?

C.6. How do you **ask for help** with this activity/task?

C.7. What **training** did you receive for this activity/task?

Teamwork Skills

T.1. In what parts of this activity/task do you have to work with others as a team?

T.2. How do you share information?
- Is this mostly **verbal, non-verbal, written,** or how?

T.3. How do you give each other feedback?
- How do you know if you've **worked together** well?

T.4. How do you **resolve problems**?

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Reading Skills

R.1. What print materials or resources do you use to help you complete this task: for example, forms, reference manuals, books, notes, and so on?

R.2. How do you decide what you have to read as you do this activity task?

R.3. What do you usually do with the information you read? (What is your purpose for reading these materials?

- **Follow directions**?
- **Share** it with co-workers?
- **Memorize** or **refer** to it when necessary?
- **Complete forms?**
- **Write** reports?

Writing Skills

W.1. What writing activities do you do in order to complete this activity task?

- Record **data** or take **notes**?
- Chart data in a **logbook**?
- Write or edit **memos, letters** or **reports**?

W.2. What is the purpose for what you write?

W.3. What is the content of what you write?

W.4. How do you decide what you have to write as you do this activity task?

W.5. Who reads what you write?

W.6. How does your supervisor know if what you write is up to standard?

Problem-Solving and Decision-Making Skills

P.1. How does this activity task require you to think creatively?

- Using new **equipment**?
- Brainstorming **ideas**?
- Implementing new **procedures**?
- Making **recommendations**?

P.2. What decisions do you need to make as you do this activity task?

- **Deciding what to do**?
- **Juggling priorities**?
- How do you know if you made the right decision?

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Problem-Solving and Decision-Making Skills (continued)

P.3. What problems do you have to analyze or solve as you do this activity task?
- Do you need to **determine causes of errors** or problems?
- How do you usually come up with the solution?
- Must you **follow policies** or rules?
-Do you need to **memorize** or **look up** information or processes?

P.4. What steps do you usually take to try to keep the problem from happening again?

Mathematical Skills Used on the Job

M.1. What math activities do you perform in order to complete this activity task?
- Taking **inventory**?
- **Matching, counting, comparing** or **estimating** numbers?
- **Adding, subtracting, multiplying** or **dividing** whole numbers?
- Determining if numbers are within **specifications** or ranges?
- **Charting** or **graphing** information?
- Calculating **measurements**?

M.2. Do you do these math problems in your head, by hand, using a conversion chart, a calculator, or how?
- When do you use each method?
- What degree of accuracy is required?

M.3. What is the purpose for what you calculate?

M.4. How do you decide what you have to calculate as you do this activity task?

M.5. Who uses what you calculate?

M.6. How does your supervisor know if what you calculate is correct?

Equipment

E.1. What equipment do you use as you do this activity task?

E.2. What do you use it for?

E.3. How important is it to doing this activity task?

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Interview Questions for Nursing Supervisors

Objectives for the job task analysis interview:

- Gain general information about the work unit, e.g., work processes, job assignments, career advancement, anticipated changes in patient resident care and equipment
- Gain overview of CNA position
- Gain information about basic skills needed by CNAs
- Solicit suggestions for curriculum content, learning processes, scheduling

Departmental Overview

1. Would you please begin by describing your unit?
   - What type of unit is it?
   - How large? How many residents patients?

2. What are the primary responsibilities of your unit?
   - Does much of the work involve other departments?

3. How many positions are in your unit?
   - What are the job titles of the positions?
   - How many employees do you supervise?

4. Are there other units similar to your unit in this facility?
   - How many?
   - What do they do?

5. Has your unit experienced many changes within the last five years or so?
   - New technology?
   - New work processes?
   - Higher quality standards?
   - Increased patient/client demands?
   - Increased regulatory demands?

6. Do you expect many changes to the unit in the future?
   - What type of changes and when?
   - How are the changes expected to impact employees?

7. We've been talking about change in the unit. Let's talk a little about changes for employees. Is there much turnover in your unit?

8. Are there career advancement opportunities at [this facility]?
   - Is there formal or informal progression from one position to another?

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Overview of CNA Position

9. Now I'd like to focus specifically on the CNAs in your unit. What are the primary job responsibilities for CNAs in your unit?
    - Primary responsibilities would be the tasks that are performed most frequently and those that are most critical (The main job activities)

10. What equipment and work aids do CNAs use?

11. Do you anticipate any new equipment being added to the unit in the future?
    - What?
    - When?
    - Will training be provided?

Critical Workplace Basic Skills (communication, critical thinking, and mathematics)

12. Thinking about the CNA job responsibilities, what are the most critical and frequently used **listening skills**?
    - Who do CNAs need to listen to?
    - When?
    - For what purpose?

13. What are the most critical and frequently used **speaking skills**?
    - Who do CNAs need to speak with?
    - When?
    - For what purpose?

14. What are the most critical and frequently used **reading skills**?
    - When do CNAs in your unit need to read?
    - What are the types of materials that they need to read?
    [Ask for examples of materials.]
        - Safety signs?
        - Forms?
        - Notes?
        - Instructions?
        - Manuals?

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15. What are the most critical and frequently used **writing skills**?
    - When do CNAs in your unit need to write information?
    - What type of writing do they need to do?

      [Ask for examples of materials.]
        - Forms?
        - Notes?
        - Charts?

16. What are the most critical and frequently used **critical thinking skills**?
    - Decision-making (e.g., evaluating and choosing the best alternatives)?
    - Problem-solving (e.g., generating alternative solutions to a problem)?
    - Knowing how to learn (e.g., learning and remembering new facts or processes)?
    - Reasoning (e.g., applying policies to new situations)?
    - Creative thinking (e.g., suggesting new ideas, procedures or systems)?

17. What are the most critical and frequently used **mathematics skills**?
    - Computing numbers?
    - Charting numbers?
    - Measuring?

Workforce Education Program

18. What do newly hired CNAs do best? Why?

19. What do newly hired CNAs find the most difficult? Why?

20. What type of basic skills training would be helpful for new CNAs?

21. How do you see the Workforce Education Program benefitting your unit?
    - Improving communications or teamwork?
    - Improving reading, writing, or math skills?
    - Improving safety?
    - Improving quality?
    - Encouraging employees to problem solve?
    - Better equipping employees to deal with change?

22. What potential barriers do you see for new CNAs taking part in this training?

23. What suggestions do you have for this training?
    - about the content
    - about scheduling
    - for instructors

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New Home Health Aide
Job Task Analysis Interview

Introduction

Hello.

If you don't remember, I'm from Rockefeller College. We're interviewing people on the job for the Eddy/Rockefeller for the Workforce Development Program for Home Health Aides. The program will provide additional skill development beyond the the 75-hour training program that you completed. The information I gather today will help us develop learning experiences that will be useful to HHAs as they work in Eddy Community Care.

Today we'll talk about your job and the skills you use on the job. I'll begin by asking some background questions to help me better understand your work. Then we'll talk about some specific skills required for your job such as observation, communication, making decisions, and solving problems that may come up. I'll be focusing on the tasks you have to do; I am not collecting information about your job performance. During the interview I will be taking notes but these notes and any specific comments you make will be kept confidential.

The interview should take about 45 minutes.

Do you have any questions before we get started?

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Background Information

I'd like to start by getting some background information.

1. You have just completed training to be an HHA, is that right?

2. Have you ever had the training before?
   - with The Eddy?
   - with another agency?

3. Have you held other jobs in the health care medical field, with or without training?

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HHA Job

Let's talk more specifically now about your job as an HHA.

4 Thinking about what you do patient-to-patient and day-to-day, what are your primary job responsibilities?

- What tasks do you do most frequently?

- What tasks are most critical?

- What tasks are most difficult?

- What tasks are easiest or most enjoyable?

- What tasks do you do the best?

5. How has the job matched your expectations so far?

6. In what ways do you think of yourself as part of a team?
   - Are there particular situations?
   -Who do you think of as being on the team

7. What do you think you would do if something goes wrong?
   A piece of equipment breaks down or functions improperly?
   - Someone before you did not do a thorough job?
   - You have disagreements with the client / with your nurse-supervisor?
   - Other situations?

Workplace Basic Skills (communication, critical thinking, and mathematics)

Now I'd like to ask you about some specific skills you use while you're doing your job.

8. When do you need to be **observant** as you are doing your job?
    - What/who do you need to observe?
    - For what reason?

9. When do you need to **listen** on the job?
    - Who/what do you need to listen to?
    - For what reason?

10. When do you **speak** on the job?
    - With whom do you speak?
    - For what reason?

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11. What **reading** do you need to do?
    - When do you need to read?
    - What types of materials do you need to read?
        - Forms?
        - Notes?
        - Instructions?
        - Other?

12. What **writing** do you need to do?
    - When do you need to write information?
    - What type of writing do you need to do?
        - Forms?
        - Notes?
        - Other?

13. What **mathematics** do you need to do on the job?
    - Computing numbers?
    - Charting numbers?
    - Measuring?
    - Other?

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14. What **critical thinking** do you need to do on the job?

- **Decision making** (e.g., evaluating and choosing best alternatives)?

- **Problem solving** (e.g., developing alternative solutions to a problem)?

- **Learning** (e.g., learning and remembering new facts or processes)?

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Workforce Education Program (Give them Flyer 1)

Finally, I'd like to ask you some questions that relate to the program we are developing for new HHAs.

15. Now that you've been out on the job, what type of training would be helpful for new HHAs?

16. How do you see the Workforce Education Program benefiting HHAs? (Refer to Flyer 1)
    - Improving communication?
    - Improving reading, writing or math skills
    - Improving quality of work?
    - Improving problem solving and independent decision making?

17. Do you see any barriers for new HHAs to take part in this training?

18. What suggestions do you have for this training?

    - about the content

    - about scheduling

    - for instructors

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Closing: Thank you for your time today. Here is my card with my phone number. Please call if anything else comes to mind. May I have your phone number in case I need to follow up?

Meeting Minutes

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Meeting
Name: Working Committee of the Tier 2 Workforce Development Program
Date: 1/23/97
Time: 12:00 - 1:30 p.m.

In Attendance
Barbara McCandless, Colin McCarty, Bob Willower, Carla Hines, Meghan Glowa, James Considine - Northeast Health
Christine Katchmar, Laurie Lieman, Dorothy Negri, Gail Samuelson - Rockefeller College
Bill Matthiesen - Berkshire Film & Video

Agenda Item	Notes	Action or Decision
1. "Go-Round" of what's occurred since the last meeting (including review of minutes of 1/7/97)	Since the last meeting: • COLIN - Still pulling together *Stress & Change*. In discussion about format and marketing and worked on the *Customer Service Introduction*. • DOROTHY - Has scheduled EMGC on 2/4 (*Stress & Change*), 2/11 (*Conflict*), and 2/13 (*Time Management*) and will have to do a registration process. Talked with T. Flynn regarding self-instructional module format. D. Negri suggested discussing with affiliatees a possible monthly time for module delivery. • BOB - Thrilled about new format, but *Telephone* does not lend itself to self-instruction. • BARBARA - Apologized for being late and relayed that she had been talking to Suzanne Loftus Phelps of Heritage House regarding getting updated Tier 2 information to them. Dorothy mentioned that a workgroup meeting was planned with Heritage House 2/13 which will allow for updates. • GAIL - Met with B. McCandless on *Managing Time*. Possible first hour of setting priorities then work from that one hour in classroom. Barbara gave her documented activities of staff for module development. Gail also met with B. Willower regarding *Conflict* and it being expanded to a four hour piece. Part I would be self-instructional (identifying conflict), Part II would be a group activity (understanding and preventing conflict), Part III, a 4-step approach to managing conflict, and Part IV, videos and scenarios for managing conflict. • LAURIE - Asked if everyone received their meeting minutes.	Minutes accepted as submitted. Laurie will phone upon faxing minutes to make sure they are received by all.

Agenda Item	Notes	Action or Decision
	Not everyone did so a call must be made after the minutes are faxed to see if they were received. Discussed the design of the EMGC flyer. Concerns arose over design and content regarding the use of the words "Tier 2".	
	• CARLA - Needs to know what we are calling the piece (the staff would not understand the phrase "Tier 2", Customer Service would be more recognizable. Carla is very happy things are moving along.	Rockefeller to change announcement for EMGC - drop "Tier 2" and add the words "Customer Service".
	• MEGHAN - Discussed reorganization in educational departments at Cohoes. She likes the self-instructional format for the Tier 2 modules.	
	• JAMES - Convened a focus group to discuss marketing issues. He needs to come up with a "name". Informed group he may have a reaction piece two meetings from now.	
2. Update on Module Development: reports from "curriculum teams".		
3. Discussion of promotional job aides and goodies.	Carla showed group the Successories catalog. Suggestions were made regarding Tier 2 "goodies". Possibilities included medallions and block of paper. Barbara brought up the fact there might be restrictions on lapel pins. C. Katchmar thought employees who went through the Customer Service program would be easily identifiable with the pins. Carla suggested the people might seek out employees with the "golden touch" pins.	
4. Video presentation of *Telephone Skills* by Berkshire Video.	Bill Matthiesen presented the video scenes shot for *Telephone Skills*. There were eight different scenes. This is a rough copy with no music and some title ideas on screen. Bill asked for comment/feedback from group. A possibility of showing a video scene twice was brought up to avoid rewinding and making facilitation easier. The word overlay was liked by all but not the style. Letters must be brighter with a smaller background. • The group thought the last scenes in the series with the correct behaviors/actions should be doubled with the overlay on the second run. This was thought best to elicit responses	Bill will work on other word overlay styles.

Agenda Item	Notes	Action or Decision
	from people on what they were watching. • Christine said the video would by the end of the grant period have to include things like: Project title, grant title, Northeast Health messages, Berkshire Video acknowledgments, and dividers between scenes. No one will know what the video will look like until completion.	
	• Carla asked if there would be one or more than one video. All agreed one video would be best for trainers with various "flags" in the video so you would know where to go on the tape. The sound was also questioned on the tape regarding some "hollow" quality. Bill said it might have been the wrong sound clip that he grabbed and will look into it.	Bill will check on the sound quality of certain video scenes.
	• The group thought the next video to be done should be *Conflict* by the end of February, then *Stress/Change*. Samaritan was thought of as a good location for the next video.	Bill will scout Samaritan Hospital for video locations to shoot *Conflict* by the end of February.
	• Discussion was held about having Craig do a 2-3 minute "welcome" to people on the video. Carla thought copies of the video might be a good idea to distribute to people at team meetings or monthly departmental meetings.	B. McCandless to discuss the video possibility with Craig Duncan.
	• Dorothy showed a five minute video on perceptions by Zea. The group thought it too abstract to the management retreat. Bob thought it might be useful in the *Stress/Change* module.	
	• B. Willower and Gail Samuelson will deliver *Telephone* to 10 staff nurses on the 29th. Bob asked Bill if he would get a copy of the video to show the nurses. Bob offered the services of a Samaritan staff person who has expertise in relaxation techniques for the *Stress/Change* module video.	Bill will make an additional copy of the video for Bob to preview to the nursing group.
5. Summary and Next Steps		Next meeting will be on 1/27 at the Krause Center from 12:00 - 1:30 p.m.

Tier I Course List

Learning Strategies

Code	Title	Date	Location	Trainer	# of Learners
LS01	Learning Strategies for CNAs	6/13/95	Cohoes Campus	Hall Medina	6
LS02	Learning Strategies for CNAs	6/14/95	EMCG	Hall	6
LS03	Learning Strategies for CNAs	6/15/95	Heritage House	Hall	8
LS04	Learning Strategies for CNAs	8/8/95	Cohoes Campus	Hall Katchmar	5
LS05	Learning Strategies for CNAs	8/11/95	Heritage House	Hall	5
LS06	Learning Strategies for CNAs	9/22/95	EMGC	Hall	11
LS07	Learning Strategies for CNAs	10/20/95	Heritage House	Hall	3
LS08	Learning Strategies for CNAs	11/13/95	Heritage House	Hall	7
LS09	Learning Strategies for HHAs	11/8,9,10/95	Colvin Ave.	Hall	7
LS10	Learning Strategies for HHAs	11/30,12/1, & 4/95	Colvin Ave.	Hall	9
LS11	Learning Strategies for HHAs	1/4,5,8/96	Colvin Ave.	Hall	
				Samuelson	
LS12	Learning Strategies for HHAs	1/23,24,25/96	Colvin Ave.	Medina	
LS13	Learning Strategies for HHAs	1/23,24,25/96	Columbia County	Katchmar	
LS14	Learning Strategies for CNAs	1/24 & 25/96	Heritage House	Hall	
LS15					
LS16					
LS17					
			Page 1 Total		67

COURSE LIST:

TIER 1 - Easing Into the Job

	LEARNING STRATEGIES						
	Code	Title	Date	Location	Trainer	# of Learners	Training Hours
YEAR 1	**LS01**	**Learning Strategies for CNAs**	**6/13/95**	**Cohoes Campus**	**Hall Medina**	**6 CNAs**	**6 x 3 = 18**
	LS02	Learning Strategies for CNAs	6/14/95	EMCG	Hall	6 CNAs	6 x 3 = 18
	LS03	Learning Strategies for CNAs	6/15/95	Heritage House	Hall	8 CNAs	8 x 3 = 24
	LS04	Learning Strategies for CNAs	8/8/95	Cohoes Campus	Hall Katchmar	5 CNAs	5 x 3 = 15
	LS05	Learning Strategies for CNAs	8/11/95	Heritage House	Hall	5 CNAs	5 x 3 = 15
	LS06	Learning Strategies for CNAs	9/22/95	EMGC	Hall	11 CNAs	11 x 3 = 33
	LS07	Learning Strategies for CNAs	10/20/95	Heritage House	Hall	3 CNAs	3 x 3 = 9
	END OF	**NWLIS REPORT PERIOD 2**				TOTAL: 44 CNAs 0 *HHAs*	TOTAL HOURS: 132 CNAs 0 *HHAs*
	LS08	Learning Strategies for CNAs	11/13/95	Heritage House	Hall	7 CNAs	7 x 3 = 21
	LS09	Learning Strategies for HHAs	11/8,9,10/95	Colvin Ave.	Hall	7 *HHAs*	7 x 5 = 35
	LS10	Learning Strategies for HHAs	11/30,12/1, & 4/95	Colvin Ave.	Hall	9 *HHAs*	9 x 5 = 45
	END OF	**NWLP YEAR 1 GRANT**	**PERIOD**			TOTAL: 51 CNAs 16 *HHAs*	TOTAL HOURS: 153 CNAs 80 *HHAs*

	Code	Title	Date	Location	Trainer	# of Learners	Training Hours
YEAR 2	**LS11**	**Learning Strategies for HHAs**	**1/4,5,8/96**	**Colvin Ave.**	**Hall**	**6 *HHAs***	**6 x 5 = 30**
					Samuelson		
	LS12	Learning Strategies for HHAs	1/23,24,25/96	Colvin Ave.	Medina	4 *HHAs*	4 x 5 = 20
	LS13	Learning Strategies for HHAs	1/23,24,25/96	Columbia County	Katchmar	9 *HHAs*	9 x 5 = 45
	LS14	Learning Strategies for CNAs	1/24 & 25/96	Heritage House	Hall	8 CNAs	8 x 3 = 24
	LS15	Learning Strategies for HHAs	2/12, 13 & 14/96	Colvin Ave.	Samuelson	5 *HHAs*	5 x 5 = 25
	LS	Learning Strategies for HHAs	2/29, 3/1 & 4/96	Troy	Katchmar	Cancelled	
	LS 16	Learning Strategies for HHAs	2/29, 3/1 & 4/96	Colvin Ave.	Samuelson	5 *HHAs*	5 x 5 = 25
	LS18	Learning Strategies for CNAs	3/15,18 & 19/96	Cohoes Campus	Katchmar	8 CNAs	8 x 3 = 24
	LS19	Learning Strategies for HHAs	3/19, 20, 21/96	Colvin Ave.	Hall	9 *HHAs*	9 x 5 = 45
	LS22	Learning Strategies for CNAs	4/2, 3 & 5/96	EMGC	Hall	6 CNAs	6 x 3 = 18
	LS20	Learning Strategies for HHAs	4/8, 9 & 10/96	Colvin Ave.	Katchmar	4 *HHAs*	4 x 5 = 20
	LS17	Learning Strategies for CNAs	4/18 & 19/96	Heritage House	Hall	8 CNAs	8 x 3 = 24
	LS21	Learning Strategies for HHAs	4/25, 26, 29/96	Colvin Ave.	Samuelson Travis 4/29	10 *HHAs*	10 x 5 = 50

	Code	Title	Date	Location	Trainer	# of Learners	Training Hours
	LS23	**Learning Strategies for HHAs**	**4/25, 26, 29/96**	**Saratoga**	**Katchmar McCauley**	**cancelled**	
	END OF	**NWLIS REPORT PERIOD 3**				TOTAL: 37 CNAs 68 *HHAs*	TOTAL HOURS: 111 CNAs 340 *HHAs*
	LS24	Learning Strategies for HHAs	5/14, 15, 16/96	Colvin Avenue	Samuelson	12 *HHAs*	12 x 5 = 60
	LS25	Learning Strategies for HHAs	6/3, 4, 5/96	Colvin Avenue	Samuelson	6 *HHAs*	6 x 5 = 30
	LS26	Learning Strategies for HHAs	6/20, 21, 24/96	Colvin Avenue	Samuelson	6 *HHAs*	6 x 5 = 30
	LS27	Learning Strategies for HHAs	6/20, 21, 24/96	Saratoga Co.	Samuelson	5 *HHAs*	5 x 5 = 25
	YEAR TO	**DATE TOTALS**				TOTAL: 30 CNAs 81 *HHAs*	TOTAL HOURS: 90 CNAs 405 *HHAs*

WHAT YOUR ASSIGNMENT SHEET REALLY SAYS

	Code	Title	Date	Location	Trainer	# of Learners	Training Hours
YEAR 1	AS01	What Your Assignment Sheet Really Says	12/12 & 15/95	Eddy Memorial Geriatric Center	Medina Hall	7 CNAs	7 x 3 = 21
	END OF	**NWLP YEAR 1 GRANT PERIOD**				TOTAL: 7 CNAs 0 *HHAs*	TOTAL HOURS: 21 CNAs 0 *HHAs*
YEAR 2	AS02	What Your Assignment Sheet Really Says	1/12/96	Heritage House	Medina Katchmar	5 CNAs	5 x 3 = 15
	AS03	What Your Assignment Sheet Really Says	2/23/96	Heritage House	Medina Katchmar	5 CNAs	5 x 3 = 15
	AS04	What Your Assignment Sheet Really Says	3/26 & 28/96	Cohoes	Hall	9 CNAs	9 x 3 = 27
	END OF	**NWLIS REPORT PERIOD 3**				TOTAL: 19 CNAs 0 *HHAs*	TOTAL HOURS: 57 CNAs 0 *HHAs*
	YEAR TO	DATE TOTALS				TOTAL: 19 CNAs 0 *HHAs*	TOTAL HOURS: 57 CNAs 0 *HHAs*
	AS05						
	AS06						
	AS07						
	AS08						

	AS09						
						[illegible]	
	AS10					[illegible]	
						[illegible]	

MANAGING YOUR ASSIGNMENT

	Code	Title	Date	Location	Trainer	# of Learners	Training Hours
YEAR 1	MA01	Managing Your Assignment for CNAs	11/20 & 22/95	EMGC	Medina Katchmar	6 CNAs	6 x 3 = 18
	END OF	NWLP YEAR 1 GRANT PERIOD				TOTAL: 6 CNAs 0 *HHAs*	TOTAL HOURS: 18 CNAs 0 *HHAs*
YEAR 2							
	MA02	Managing Your Assignment for CNAs	1/17/96	Heritage House	Hall Katchmar	5 CNAs	5 x 3 = 15
	MA03	Managing Your Assignment for CNAs	3/1/96	Heritage House	Hall Medina	5 CNAs	5 x 3 = 15
	MA04	Managing Your Assignment for CNAs	4/15 & 18/96	Cohoes	Hall	9 CNAs	9 x 3 = 27
	END OF	NWLIS REPORT PERIOD 3				TOTAL: 25 CNAs 0 *HHAs*	TOTAL HOURS: 75 CNAs 0 *HHAs*
	MA05	Managing Your Assignment for CNAs	5/9/96	EMGC	Medina	6 CNAs	6 x 3 = 18
	YEAR TO	DATE TOTALS				TOTAL: 25 CNAs 0 *HHAs*	TOTAL HOURS: 75 CNAs 0 *HHAs*
	MA06						
	MA07						
	MA08						

	MA09						
	MA10						
	MA11						
	MA12						
	MA13						
	MA14						

COMMUNICATING WITH YOUR SUPERVISORS

	Code	Title	Date	Location	Trainer	# of Learners	Training Hours
YEAR 2	CS01	Communicating with your Supervisors	5/21/96	Eddy Cohoes	Negri Katchmar	6 CNAs	6 x 3 = 18
	CS02	Communicating with your Supervisors	5/29/96	Eddy Memorial Geriatric Center	Negri Katchmar	6 CNAs	6 x 3 = 18
	CS03	Communicating with your Supervisors	6/11/96	Heritage House	Negri	6 CNAs	6 x 3 = 18
	YEAR TO	DATE TOTALS				TOTAL: 18 CNAs 0 *HHAs*	TOTAL HOURS 54 CNAs 0 *HHAs*
	CS04	Communicating with your Supervisors					
	CS05	Communicating with your Supervisors					
	CS06	Communicating with your Supervisors					
	CS07	Communicating with your Supervisors					
	CS08	Communicating with your Supervisors					

	CS09	Communicating with your Supervisors					
	CS10	Communicating with your Supervisors					

COMMUNICATING WITH YOUR CO-WORKERS

	Code	Title	Date	Location	Trainer	# of Learners	Training Hours
YEAR 2	CW01	Cmmunicating With Your Co-Workers	1/25/96	Eddy Memorial Geriatric Center	Medina Hall	3 CNAs	3 x 2 = 6
	END OF	NWLIS REPORT PERIOD 3				TOTAL: 3 CNAs 0 *HHAs*	TOTAL HOURS: 6 CNAs 0 *HHAs*
	CW02	Communicating With Your Co-Workers	5/13, 15/96	Eddy Cohoes	Negri Katchmar	8 CNAs	8 x 3 = 24
	CW03	Communicating With Your Co-Workers	5/17/96	Eddy Memorial Geriatric Center	Negri Katchmar	6 CNAs	6 x 3 = 18
	CW04	Communicating With Your Co-Workers	5/31/96	Heritage House	Negri Katchmar	6 CNAs	6 x 3 = 18
	YEAR TO	DATE TOTALS				TOTAL: 23 CNAs 0 *HHAs*	TOTAL HOURS: 66 CNAs 0 *HHAs*
	CW05	Communicating With Your Co-Workers					
	CW06	Communicating With Your Co-Workers					
	CW07	Communicating With Your Co-Workers					
	CW08	Communicating With Your Co-Workers					

	CW09	Communicating With Your Co-Workers					
	CW10	Communicating With Your Co-Workers					

BEING NEW

	Code	Title	Date	Location	Trainer	# of Learners	Training Hours
YEAR 2	BN01	Being New	1/25/96	Eddy Memorial Geriatric Center	Medina Hall	3 CNAs	2 x 3 = 6
	BN02	Being New	3/13, 15/96	Heritage House	Katchmar	3 CNAs	3 x 3 = 9
	BN03	Being New	3/22/96	Heritage House	Hall	3 CNAs	3 x 3 = 9
	END OF	**NWLIS REPORT PERIOD 3**				TOTAL: 9 CNAs 0 *HHAs*	TOTAL HOURS: 24 CNAs 0 *HHAs*
	BN04	Being New	5/7, 8/96	Eddy Cohoes	Negri Katchmar	8 CNAs	8 x 3 = 24
	BN05	Being New	5/16/96	Eddy Memorial Geritaric Center	Negri Katchmar	6 CNAs	6 x 3 = 18
	BN06	Being New	5/31/96	Heritage House	Katchmar Negri	6 CNAs	6 x 3 = 18
	YEAR TO	**DATE TOTALS**				TOTAL: 29 CNAs 0 *HHAs*	TOTAL HOURS: 84 CNAs 0 *HHAs*
	BN07	Being New					
	BN08	Being New					

	BN09	Being New					
	BN10	Being New					

KNOWING AND UNDERSTANDING YOUR CLIENTS

	Code	Title	Date	Location	Trainer	# of Learners	Training Hours
YEAR 2	KC01	Knowing and Understanding your Clients	5/23/96	Eddy Cohoes	Negri	8 CNAs	8 x 3 = 24
	KC02	Knowing and Understanding your Clients	6/10/96	Eddy Memorial Geriatric Center	Negri	6 CNAs	6 x 3 = 18
	KC03	Knowing and Understanding your Clients	6/11/96	Heritage House	Negri	6 CNAs	6 x 3 = 18
	YEAR TO	DATE TOTALS				TOTAL 20 CNAs 0 *HHAs*	TOTAL HOURS 60 CNAs 0 *HHAs*
	KC04	Knowing and Understanding your Clients					
	KC05	Knowing and Understanding your Clients					
	KC06	Knowing and Understanding your Clients					
	KC07	Knowing and Understanding your Clients					
	KC08	Knowing and Understanding your Clients					

	KC09	Knowing and Understanding your Clients					
	KC10	Knowing and Understanding your Clients					

PRE POST

Learning Strategies
Self-Assessment

Name ______

SS/ID #: ______

Date: ______

Location: ______

1. On the following scale, rate yourself as a learner:

1	2	3	4	5
I lack self-confidence as a learner.				I have a strong sense of myself as a competent learner.

2. On the following scale, rate your readiness for this training:

1	2	3	4	5
I am not sure if I am ready for this training.				I am confident that I am fully prepared for this training.

3. On the following scale, rate your ability to take notes when someone is giving a lecture:

1	2	3	4	5
I do not have ideas for taking effective notes during a lecture.				I know how to take notes effectively during a lecture.

4. On the following scale, rate your ability to skim material before you read it.

1	2	3	4	5
I am unsure of the way to skim material before I read it to get the big picture.				I know the way to skim material before I read it to get the big picture.

Over

Name ______________________________

Date ______________________________

Getting the Most Out of Your Training

Preparing Myself	Always	Most of the Time	Sometimes	Never
1. Do I arrange for my family's needs?	☐	☐	☐	☐
2. Am I rested before going to class?	☐	☐	☐	☐
3. Do I eat adequately?	☐	☐	☐	☐
4. Do I go prepared to listen?	☐	☐	☐	☐
5. Am I on time?	☐	☐	☐	☐
6. Do I let myself relax so I can listen or study?	☐	☐	☐	☐
7. Do I acknowledge that it's okay to be tired or discouraged at times?	☐	☐	☐	☐
8. Do I believe I will learn?	☐	☐	☐	☐
9. Do I engage in positive self-talk?	☐	☐	☐	☐
10. Have I set up work space that is comfortable and large enough for study?	☐	☐	☐	☐

Explain any "no" answers below:

Preparing for Class	Always	Most of the Time	Sometimes	Never
11. Do I check the training outline before class?	☐	☐	☐	☐
12. Do I think about the topic and what I might know about it?	☐	☐	☐	☐
13. Do I think about how the information will be used on the job?	☐	☐	☐	☐
14. Do I write down questions I have so I can get the information I need?	☐	☐	☐	☐
15. Do I discuss materials with others?	☐	☐	☐	☐
16. Do I practice the skills on my own?	☐	☐	☐	☐

Explain any "no" answers below:

While Taking Notes

	Always	Most of the Time	Sometimes	Never
17. Do I write down what I think is important?	☐	☐	☐	☐
18. Do I identify key topics and terms?	☐	☐	☐	☐
19. Do I reword materials into terms I can remember?	☐	☐	☐	☐
20. Do I relate new materials to my own knowledge?	☐	☐	☐	☐
21. Do I use my "shorthand" to make note taking easier?	☐	☐	☐	☐

Explain any "no" answers below:

After Taking Notes

	Always	Most of the Time	Sometimes	Never
22. Do I recopy or organize notes so they make sense?	☐	☐	☐	☐
23. Do I highlight vocabulary words and definitions?	☐	☐	☐	☐
24. Do I review notes soon after a lecture?	☐	☐	☐	☐

Explain any "no" answers below:

For Testing

	Always	Most of the Time	Sometimes	Never
25. Do I keep up with classwork so I am prepared for tests?	☐	☐	☐	☐
26. Do I practice my skills so I am prepared for testing?	☐	☐	☐	☐
27. Do I know what I need to study and practice?	☐	☐	☐	☐
28. Do I help myself relax before and during a test?	☐	☐	☐	☐
29. Do I skim the whole test before answering?	☐	☐	☐	☐
30. Do I read all directions before answering?	☐	☐	☐	☐
31. Do I practice smart guessing?	☐	☐	☐	☐
32. Do I leave time for review?	☐	☐	☐	☐

Explain any "no" answers below

Getting the Most from Skill Development

Before Reading	**Always**	**Most of the Time**	**Sometimes**	**Never**
33. Do I take time to skim materials before reading?	☐	☐	☐	☐
34. Do I look for titles, sections, and organization?	☐	☐	☐	☐
35. Do I read underlined, italicized, and bolded words?	☐	☐	☐	☐
36. Do I look for definitions?	☐	☐	☐	☐
37. Do I read first and last paragraphs?	☐	☐	☐	☐

Explain any "no" answers below:

While Reading	**Always**	**Most of the Time**	**Sometimes**	**Never**
38. Do I take notes or highlight?	☐	☐	☐	☐
39. Do I read material in charts, diagrams, and boxes?	☐	☐	☐	☐
40. Do I read and answer summary questions?	☐	☐	☐	☐

Explain any "no" answers below:

While Questioning	**Always**	**Most of the Time**	**Sometimes**	**Never**
41. Do I write down questions I have while I'm reading?	☐	☐	☐	☐
42. Do I ask questions that I need answered?	☐	☐	☐	☐
43. Do I ask closed questions to get specific information?	☐	☐	☐	☐
44. Do I ask open questions to get additional inormation?	☐	☐	☐	☐

Explain any "no" answers below:

During Lectures	**Always**	**Most of the Time**	**Sometimes**	**Never**
45. Do I take notes on the lectures and handouts?	☐	☐	☐	☐
46. Do I label my notes: date, topic, speaker's name?	☐	☐	☐	☐
47. Do I use categories to help organize the material?	☐	☐	☐	☐
48. Do I listen for clues as to what's important?	☐	☐	☐	☐
49. Do I pay attention to body language?	☐	☐	☐	☐
50. Do I highlight what the instructor says is important?	☐	☐	☐	☐

Explain any "no" answers below:

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	Y	N
51. Have I been able to keep up with class work? If not, why not?	☐	☐
52. Have I been able to use the Learning Strategies in the training? If not, why not?	☐	☐
53. Have I been able to manage my time between training and home? If not, why not?	☐	☐
54. Do I expect to complete the training? If not, why not?	☐	☐
55. Have my ideas about the job changed? If yes, explain.	☐	☐
56. Do I anticipate barriers to performing the job of Home Health Aide? If yes, explain.	☐	☐

Module 2: Understanding Your Assignment Sheet
Learner Assessment

PRE ____
POST X

A509

SS # 9028
Date: Dec. 6, 1996
Location: EMGC

Part A.

Directions: Write the meaning of the following abbreviations in the space provided.

1. q every
2. ADLs activities of daily living
3. ROM Range of motion
4. SRx2 side rails x 2 (both siderails ↑)
5. OOB Out of Bed

100

Part B.

Directions: List two strategies that new nursing assistants can use to learn the meaning of job-related abbreviations.

1. ask someone
2. memorize

Part C.

Directions: Rewrite the following directions from an assignment sheet using non-medical words. Write the directions as full statements that clearly describe the care that you need to provide for the resident. Include the phrases "I need to" and "this resident" in each statement.

Example:
x. Shower Thurs 7-3
"Translation": I need to give this resident a shower on Thursdays during the 7-3 shift.

1. **toilet q 2 hrs.**

   I need to bring ~~to~~ the resident to the bathroom every 2 hrs.

2. **PROM LLE x5 q am**

   I need to practice Range of motion left lower extremite 5 times every mornin

3. **A 1 S/P Super**

   I need to assist (1 person) to get the resident to stand + pivet - w/ supervision.

Tier 1

[illegible]

AS 57

What Your Assignment Sheet Really Says

Pre / Post Test

1. Write the meaning of the following abbreviations:

a. q Quaters

b. ADLs Adults

c. non-amb Non amb

d. ROM Room

e. SRx2

f. @HS

g. OOB O netive Blood

h. NPO

i. PRN ~~Pratice Nurse~~

2. List three strategies for learning the meaning of job-related abbreviations.

look them up

read what mean

remember them

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3. Rewrite the following directions from an assignment sheet using non-medical words. Write the directions as full statements that clearly tell how to provide care for the resident. Use the words "*this resident*" in each statement.

a. **toilet q 2 hrs.**

I need to ______________________________

____

b. **PROM LLE x5 q am**

I need to ______________________________

____

c. **Feeding: Set-up. Plateguard**

I need to ______________________________

____

d. **Treatments: Bil. Hand rolls 10 pm-6 am**

I need to to do ~~watt~~ phical

____

e. **Shower Thurs 7-3**

I need to to balth

____

Name L[illegible]a S[illegible]a
SS# 057-[illegible]4-[illegible]

STRESS ON THE FLOOR

Pre/Post

Directions: Fill in True or False (T or F) on the blank line provided opposite the question.

1. Stress is an emotional response to an event F
2. Stress levels are related to the amount of stressors that people experience T ✓
3. Stressors may be positive or negative T

95

4. A sign of stress is to lose oxygen T
5. The body reacts to stress by calling on its immune system F
6. An example of aggressive behavior is to "take flight" F
7. A source of strength in stressful situations is due to increased adrenaline to the body T
8. In stressful situations, sugar in the body increases F
9. Stressors are events that cause stress T
10. Positive self-talk emphasizes "shoulds" for example, "I should do this" F

Fill in the blanks with the correct answer(s):

Two examples of stress management techniques are **1.** TAlk to someone and

2. breathe Deep

Two specific stress reduction techniques that you can use in the workplace are

3. tAlk to co-worker and **4.** team work.

Stress is a **5.** Response of the body.

Two "defense mechanisms" for dealing with stress are **6.** Flight or

7. Fight.

Stress has both a **8.** emotional and **9.** physical effect on most people.

Name one negative result of stress in the workplace - **10.** Burn out

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Module 4: Knowing & Understanding Your Residents
Learner Assessment

PRE ____
[✓ POST] ____

SS # 51-58-0044
Date: 12-17-96
Location: 2 NUC

100

Directions: Fill in the Blank with the correct answer(s):

Name two things that a resident gives up when they enter residential care 1. independance

and 2. Home.

Two common resident behaviors are 3 combative and

4. aggressive.

Two possible reasons for the behaviors that you just described are 5. mental

and 6. medical.

Three techniques to deal with difficult resident behaviors are 7. talk directly to resident

8. Keep voice low and 9. listen to resident.

Maslow's Theory explains 10. Theory of Needs.

Directions: Fill in True or False (T or F) on the blank line provided opposite the question:

1.	A residents family and/or friends are most likely to notice and report changes in the resident.	F
2.	Prior patient information is not important for new NAT's	F
3.	Objective observations are based on feelings and opinions	F
4.	Behavioral changes in a resident may indicate a new medical situation	T
5.	A resident's room may make a non-verbal statement about the residents life, family, and personality	T
6.	A subjective observation reports facts	F
7.	NAT's and CNA's have a responsibility to maintain resident confidentiality	T
8.	For the sake of time, we should discourage residents from "doing for themselves"	F
9.	Housekeeping and custodial staff are the only people responsible for resident safety	F
10.	Skilled observations require utilizing all of your senses	T

Module 5: Handling the Stress of the Floor
Learner Assessment

PRE ____
[✓ POST] ____

SS # 131-55-6001
Date: 12-12-96
Location: ____

A. **Directions:** Fill in True or False (T or F) on the blank line opposite the question.

1. Stress is an emotional response to an event. T - ✓ -5
2. Stress levels are related to the number of stressors that people experience. T ✓ -5
3. Stressors may be positive or negative. T
4. A sign of stress is to lose oxygen. T
5. The body reacts to stress by calling on its immune system. F
6. An example of aggressive behavior is to "take flight." F
7. A source of strength in stressful situations is due to increased adrenaline to the body. T ✓
8. In stressful situations, sugar in the body increases. T -5 ✓
9. Stressors are events that cause stress. T
10. Positive self-talk emphasizes "shoulds," for example, "I should do this." F

~~80~~

75

B. **Directions:** Fill in the blanks with the correct answer(s):

Two examples of stress management techniques are 11. take nap and

12. Listen to music.

Two specific stress reduction techniques that you can use in the workplace are

13. Breath and 14. Time out.

Stress is a 15. reaction of the body.

Two "defense mechanisms" for dealing with stress are 16. ~~[illegible]~~ scream ✓ -5 or

17. ~~Breath~~ yell ✓

Stress has both a 18. neg and 19. Pos effect on most people.

Name one negative result of stress in the workplace - 20. yelling

Handling the Stress of the Floor
Learner Assessment

PRE ____
POST ____

SS # ______________________
Date ______________________
Location ______________________

A. Directions: **Fill in True or False (T or F) on the blank line opposite the question.**

6

Stress is an emotional response to an event. **1.** ____✓____

Stress levels are related to the number of stressors that people experience. **2.** ____✓____

Stressors may be positive or negative. **3.** __________

A sign of stress is to lose oxygen. **4.** ____✓____

Members of helping professions experience increased stress. **5.** ____✓____

An example of aggressive behavior is to "take flight." **6.** ____✓____

A source of strength in stressful situations is due to increased adrenaline to the body. **7.** __________

In stressful situations, sugar in the body increases. **8.** __________

Stressors are events that cause stress. **9.** __________

Positive self-talk is not a good stress reduction technique. **10.** __________

B. Directions: **Fill in the blanks with the correct answer(s):**

Two examples of personal stress management techniques are **11.** __________ and **12.** __________. Two specific stress reduction techniques that you can use in the workplace are **13.** __________ and **14.** __________. Stress is a **15.** ________✓ of the body. ✓ Two "defense mechanisms" ✓ for dealing with stress are **16.** __________ or **17.** __________. Stress has both a **18.** ___T___ and **19.** __________ effect on most people. Name one thing that can happen in the workplace if people can't handle their stress **20.** __________.

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Rockefeller College
SUNY Albany

Communicating Effectively on the Floor
Learner Assessment

PRE ____
POST 60

SS # 8488
Date [illegible]
Location EMGC

30

Fill in the Blanks:

Basic communication requires three components. They are 1. [illegible]

2. [illegible], and 3. [illegible]

Two purposes of communication are to 4. [illegible] and

5. ____ ✓

Two general barriers to effective communication are 6. [illegible] ✓

and 7. [illegible] ✓

Two personal barriers to effective communication are 8. [illegible] and

9. [illegible]

Research shows that most people communicate using 10. ____ ✓

30

True/False

1. Reading is the most common method of absorbing information. T ✓
2. Listening is a passive skill. T ✓
3. Body language is not important in the communication process as long as we speak clearly. T ✓
4. Listening and hearing are the same skill. T
5. Perceptions have consequences. [illegible]
6. A closed question is a complex question. F
7. An open question asks for specific information. T ✓
8. Poor communication does not contribute to conflict since conflict involves emotions. F
9. Communicating a professional image is not the responsibility of a CNA. F
10. True customer service involves every member of the residential facility including telephone operators. T

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Name Lillian Daus
SS# 086367441

COMMUNICATING EFFECTIVELY ON THE FLOOR

Pre [✓ Post]

Fill in the Blanks:

Basic communication requires three components. They are: 1. sender,

2. message, and 3. receiver.

Two purposes of communication are to 4. obtain information and

5. give info.

Two general barriers to effective communication are 6. emotional problems

and 7. ~~so~~ surroundings ✓

Two personal barriers to effective communication are 8. ____________ and

9. ____________ ✓.

Research shows that most people communicate using 10. gusters & speech

True/False

1.	Reading is the most common method of absorbing information	F
2.	Listening is a passive skill	F
3.	Body language is not important in the communication process as long as we speak clearly	F
4.	Listening and hearing are the same skill	F
5.	Perceptions have consequences	T
6.	A closed question is a complex question	F
7.	An open question asks for specific information	F
8.	Poor communication does not contribute to conflict since conflict involves emotions	F
9.	Communicating a professional image is not the responsibility of a CNA	F
10.	True customer service involves every member of the residential facility including telephone operators	T

91%

F w Eckford

The Eddy/Rockefeller College Workforce Development Program
Organizing for Work: Setting Priorities, Controlling Time
and Letting Go of Stress
Pilot Inservice
Pre-/Post-Assessment

Soc Sec. # 073 52 6420 Date 8/26/96

1 A new Home Health Aide arrived at her client's apartment to find the following items checked off on the Care Plan:

- Complete bed bath
- Shampoo
- Comb/brush
- Clean figernails/toenails
- Routine mouth care
- 2 Toilet/commode
- Dress client
- Bed to chair: *pivot transfer*
- 4 Help w/ exercise: *see p-t exercise program*
- Set up meals
- 1 Feed client: assist as needed
- 3 Appliance/brace: *apply ankle brace after dressing*
- 5 Special skin care: *keep client clean and dry*

The Aide is to complete her tasks within 2 hours. Unfortunately, the doctor comes in and spends a good deal of time with the client, and then he talks to the Aide at length. Now the Aide has only 1 hour to do the tasks.

a. What should the Aide do first? Why?

Feed client. It is important that the Clients Blood Sugar be normal

b. What would she need to do next? Why?

Toilet commode. For obvious reasons

c. Order the Care Plan tasks according to their importance. Please do the most important 5, with 1 being the most important, and 5, the least.

3. Write a work-related goal that you have.

To never become hardened, to always be Kind, compassionate
and understanding to any Patient I assist. To continue to
Be the Spiritual Emotional individual that [illegible] wants
me to be.

4 Write at least one work-related objective that you have.

5. What does "competing alternatives" mean to you?

I honestly Forget I think it ~~is~~ means several possibilities [illegible]

5. What is block time?

Setting out (Blocking) out
Chunks of time to accomplish what you need

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7. What are three common time wasters?
   a. Being unorganized
   b. Getting Lost.
   c. procrastination.

8. What is a to-do list? How does someone use one?

   A List of things to DO They should prioritize the tasks in order for the List to be effective.

Please read the following situation and then answer the questions:

Mr. Alvarez is a 41-year-old man who was born in Cuba. When he was 26 years old, he left Cuba to move to this country illegally. In Cuba he was a school teacher, but he could not get a job teaching in the United States. Being a very active man with limited English, he took many different jobs that all required a lot of mobility. Six years ago he was diagnosed with diabetes, but that didn't slow him down a bit. In fact, he was doing very well--until three years ago when he was diagnosed with MS. From that day till now, he has not worked.

Mr. Alvarez would like very much to see his family. They cannot come to the United States, though, and he cannot travel to see them. He has spent all his savings and is living on financial help from the Department of Social Services in a run-down neighborhood under an overpass. He has very few people around that he wants to spend time with and is thankful to have his elderly cat (who has become incontinent).

Recently Mr. Alvarez was told that he has developed some circulatory problems because he had not been caring for himself properly. The doctor is concerned that Mr. Alvarez might need to leave his own place and move into a nursing home.

9. Based on the situation above, list three possible stressors that a new Aide should be aware of
   a. Financial Situation
   b. Declined in Health.
   c. Loss of Family, Friends & possibly Losing his cat

10. How do you know when you are experiencing stress?

    Emotional & physical symptoms.

11. What are three symptoms of stress?
    a. headache
    b. perspiration.
    c. anger.

12. What is one method for relieving stress?

    Deep Breathing ✓

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Name Susan Carkrand

I.D.# 811

Organizing for Work
Pre / Post

Date 9/14/96

Controlling Time to Complete the Care Plan

Answer all questions based on your home care knowledge and training.

I. Write a T if the statement is true, an F if it is false.

F 1. Spending time deciding on goals, objectives and priorities is just using time up.

T 2. Time can be controlled by looking at objectives and setting priorities.

F 3. People in home care don't really need to think about the way they spend their time.

F 4. Scheduling time only needs to be done by people who are very busy and important.

T 5. Home Health Aides can never complete all they have to do each day.

F 6. Blocking time doesn't help most aides to see how they spend their time.

T 7. Block time creates schedules.

F 8. Schedules for client care tell you how long activities take.

T 9. Schedules are based on the time people expect activities to take.

T 10. The way home health aides use time affects job satisfaction.

II. Fill in the blanks.

11. According to the module, three common time wasters on the job are:

(a.) ~~objectives~~

(b.) ~~priorities~~

(c.)

12. The steps for using a "To-Do" list are:

(a.) make thing are line

(b.) what to do 1st

(c.) making client happy

(d.) to do for themself

(e.)

(f.)

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UNIT: Care Planning and Goal Setting with Your Home Care Client
Module 2: Controlling Time to Complete the Care Plan
Learner Assessment

PRE X

POST ____

SS # 520-56-7539

Date: 11-02-96

Location: Hoadly comm .care

Part A.

Directions: Write a (T) if the statement is true, an (F) if it is false.

F 1. Spending time deciding on goals, objectives and priorities is just using time up.

T 2. Time can be controlled by looking at objectives and setting priorities.

F 3. People in home care don't really need to think about the way they spend their time.

F 4. Scheduling time only needs to be done by people who are very busy and important.

F 5. Home Health Aides can never complete all they have to do each day.

F 6. Blocking time doesn't help most aides to see how they spend their time.

T 7. Block time creates schedules.

T 8. Schedules for client care tell you how long activities take.

T 9. Schedules are based on the time people expect activities to take.

T 10. The way home health aides use time affects job satisfaction.

Part B.

Directions: Fill in the blanks.

11. According to the module, three common time wasters on the job are:

(a.) not grouping like tasks (i.e. same room together)

(b.) Not prioritizing

(c.) [illegible]

12. The steps for using a "To-Do" list are:

(a.) ~~Put most important first~~ write down items

(b.) Put most important first

(c.) ____

(d.) ____

(e.) ____

(f.) ____

UNIT: Care Planning and Goal Setting with Your Home Care Client
Module 3: Letting Go of Stress
Learner Assessment

PRE X
POST

SS # 520-56-2539
Date: 11-20-96
Location Headly Comm. Center.

Cp03

Part A.
Directions: *Circle the letter of the correct answer.*

1. Stress
a. is not important to most people b. can be ignored c. is only important for a short time
d. doesn't affect most people [✓ e. is a major part of everyone's life.]

2. Stress
a. is caused by negative events b. is caused by positive events.
c. is tension one feels [✓ d. all of the above] d. none of the above

3. Stress symptoms:
a. are physical. b. are psychological. c. are unique to each one of us.
[✓ d. all of the above] e. none of the above

Part B.
Directions: *Fill in the blanks.*

4. Four steps that can help you reduce stress in a home care setting are
(a.) prioritize (c.) assess + accept situation
(b.) be flexible (d.) don't take their problems personally - !

5. Four common symptoms of stress in client care are
(a.) labored breathing (c.) muscle tension
(b.) different tone of voice (d.) nervousness

6. The four categories of stressors are
(a.) internal (c.) physical
(b.) external (d.) mental

7. Four reasons people use to put off doing things are
(a.) don't want to do it (c.) not my Job man!
(b.) feel it isn't important (d.)

8. Name one relaxation technique you can use in the home care setting:
Time out, breathing, letting go

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Name ______________________

I.D.# ______________________

Organizing for Work
Pre / Post

Date ______________________

Setting Priorities for Client Care

Answer all questions based on your home care knowledge and training.

I Circle the letter before the correct answer for each of the following.

1. "Goals" are
a. what you hope to do b. the ends you intend to achieve. c. your dreams
d. all of the above e. none of the above

2. The word "objectives" means
a. not taking sides in an argument b. the steps to help you achieve your goal.
c. disagreeing with another person's beliefs d. all of the above. e. none of the above

3. "Client goals" are
a. what you expect a client to do b. what you expect to be able to do with a client.
c. activities d. all of the above e. none of the above.

4. "Priorities" in the home care setting are
a. the time spent on activities b. important tasks that need completion.
c. whatever you like to do d. all of the above e. none of the above

5. "Setting priorities" in your life and for client care means
a. thinking about your objectives and doing tasks to help you achieve them.
b. thinking about the importance of tasks and putting them in order. c. writing necessary tasks down to keep you focused. d. all of the above e. none of the above

6. "Competing alternatives" are
a. choices b. equally important choices c. activities that compete for time and energy that you need to choose between d. all of the above e. none of the above

7. "Ranking" tasks to complete the Care Plan means
a. activities you have to do that you think are disgusting b. putting tasks in order of importance c. deciding which tasks you would like to do on the job.
d. all of the above e. none of the above

8. "Personal objectives" are
a. not relevant to work situations. b. only relevant to relationships. c. important to keep you focused on what you need to do d. all of the above e. none of the above

II. Fill in the blanks.

9. Effective objectives to help you with client care must be (List four qualities)

(a.) ______________________ (c.) ______________________

(b.) ______________________ (d.) ______________________

10. "Categorizing priorities" means ______________________

Name [illegible]

I. D. # [illegible]

Organizing for Work
Pre / Post

Date [illegible]

Dealing With the Stress of the Home Care Setting

Answer all questions based on your home care knowledge and training

I. Circle the letter of the correct answer.

1. Stress
   a. is not important to most people
   b. can be ignored
   c. is only important for a short time
   d. doesn't affect most people
   e. is a major part of everyone's life

2. Stress
   a. is caused by negative events
   b. is caused by positive events
   c. is tension one feels.
   d. all of the above
   d. none of the above

3. Stress symptoms:
   a. are physical.
   b. are psychological.
   c. are unique to each one of us
   [✓ d. all of the above]
   e. none of the above

II. Fill in the blanks.

4. Four steps that can help you reduce stress in a home care setting are
   (a.) [illegible]
   (b.) [illegible]
   (c.) [illegible]
   (d.) [illegible]

5. Four common symptoms of stress in client care are
   (a.) [illegible]
   (b.) [illegible]
   (c.) [illegible]
   (d.) [illegible]

6. The four categories of stressors are
   (a.) Job Stress
   (b.) Family Stress
   (c.) [illegible]
   (d.) [illegible]

7. Four reasons people use to put off doing things are
   (a.)
   (b.)
   (c.)
   (d.)

8. Name one relaxation technique you can use in the home care setting:
   Breathing [illegible]

[illegible]

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Name ______________________________

I. D. # ______________________________

[illegible]

Organizing for Work
Pre / Post

Date ____________________

CP02

Setting Priorities for Client Care

Answer all questions based on your home care knowledge and training.

I. Circle the letter before the correct answer for each of the following.

1. "Goals" are
a. what you hope to do. b. the ends you intend to achieve. c. your dreams
d. all of the above e. none of the above

2. The word "objectives" means
a. not taking sides in an argument. b. the steps to help you achieve your goal.
c. disagreeing with another person's beliefs. d. all of the above. e. none of the above

3. "Client goals" are
a. what you expect a client to do. b. what you expect to be able to do with a client.
c. activities. d. all of the above e. none of the above.

4. "Priorities" in the home care setting are
a. the time spent on activities b. important tasks that need completion.
c. whatever you like to do. d. all of the above e. none of the above

5. "Setting priorities" in your life and for client care means
a. thinking about your objectives and doing tasks to help you achieve them.
b. thinking about the importance of tasks and putting them in order. c. writing necessary tasks down to keep you focused. d. all of the above e. none of the above

6. "Competing alternatives" are
a. choices b. equally important choices c. activities that compete for time and energy that you need to choose between d. all of the above e. none of the above

7. "Ranking" tasks to complete the Care Plan means
a. activities you have to do that you think are disgusting b. putting tasks in order of importance c. deciding which tasks you would like to do on the job.
d. all of the above e. none of the above

8. "Personal objectives" are
a. not relevant to work situations. b. only relevant to relationships. c. important to keep you focused on what you need to do d. all of the above e. none of the above

II. Fill in the blanks.

9. Effective objectives to help you with client care must be (List four qualities)
(a.) ______________________ (c.) ______________________
(b.) ______________________ (d.) ______________________

10. "Categorizing priorities" means ____

UNIT: Care Planning and Goal Setting with Your Home Care Client
Module 1: Setting Priorities for Client Care
Learner Assessment

PRE ✓
POST ____

SS # 087-24-7191
Date: ____________________
Location: ____________________

Part A.

Directions: *Circle the letter before the correct answer for each of the following.*

1. "Goals" are
a. what you hope to do. b. the ends you intend to achieve. c. your dreams.
[✓ d.] all of the above e. none of the above

2. The word "objectives" means
a. not taking sides in an argument. [✓ b.] the steps to help you achieve your goal.
c. disagreeing with another person's beliefs. d. all of the above. e. none of the above

3. "Client goals" are
[✓ a.] what you expect a client to do. b. what you expect to be able to do with a client.
c. activities. d. all of the above e. none of the above.

4. "Priorities" in the home care setting are
[✓ a.] the time spent on activities b. important tasks that need completion.
c. whatever you like to do. d. all of the above e. none of the above

5. "Setting priorities" in your life and for client care means
a. thinking about your objectives and doing tasks to help you achieve them.
b. thinking about the importance of tasks and putting them in order. c. writing necessary tasks down to keep you focused. [✓ d.] all of the above e. none of the above

6. "Competing alternatives" are
a. choices [✓ b.] equally important choices c. activities that compete for time and energy that you need to choose between d. all of the above e. none of the above

7. "Ranking" tasks to complete the Care Plan means
a. activities you have to do that you think are disgusting [✓ b.] putting tasks in order of importance c. deciding which tasks you would like to do on the job.
d. all of the above e. none of the above

8. "Personal objectives" are
a. not relevant to work situations. b. only relevant to relationships. c. important to keep you focused on what you need to do. [✓ d.] all of the above e. none of the above

Part B.

Directions: *Fill in the blanks.*

9. Effective objectives to help you with client care must be (List four qualities)
(a.) ____________________ (c.) ____________________
(b.) ____________________ (d.) ____________________

10. "Categorizing priorities" means what categories are in order

CPS

Care Planning and Goal Setting with Your Home Care Client 3: Dealing With the Stress of the Home Care Setting
Learner Assessment

[✓ PRE] ____

POST ____

30

SS # 084-60-3963
Date: 5-12-97
Location: ECC

Part A.
Directions: Circle the letter of the correct answer.

1. Stress
   - a. is not important to most people
   - b. can be ignored.
   - c. is only important for a short time
   - d. doesn't affect most people
   - [✓ e.] is a major part of everyone's life.

2. Stress
   - a. is caused by negative events.
   - b. is caused by positive events.
   - c. is tension one feels.
   - [✓ d.] all of the above
   - d. none of the above

3. Stress symptoms:
   - a. are physical.
   - b. are psychological.
   - c. are unique to each one of us
   - [✓ d.] all of the above
   - e. none of the above

Part B.
Directions: Fill in the blanks.

4. Four steps that can help you reduce stress in a home care setting are
   - (a.) ____
   - (b.) Stay Positive
   - (c.) ____
   - (d.) Nutrition

5. Four common symptoms of stress in client care are
   - (a.) Enviroment
   - (b.) ____
   - (c.) ____
   - (d.) ____

6. The four categories of stressors are
   - (a.) ____
   - (b.) ____
   - (c.) ____
   - (d.) ____

7. Four reasons people use to put off doing things are
   - (a.) ____
   - (b.) ____
   - (c.) ____
   - (d.) ____

8. Name one relaxation technique you can use in the home care setting:

____

Name Lisa G. [illegible]

I.D.# 510

Organizing for Work
Pre / Post

Date [illegible]

Crod

Dealing With the Stress of the Home Care Setting

Answer all questions based on your home care knowledge and training

I. Circle the letter of the correct answer

1. Stress
a. is not important to most people b. can be ignored c. is only important for a short time
d. doesn't affect most people [✓ e. is a major part of everyone's life.]

2. Stress
a. is caused by negative events. b. is caused by positive events.
c. is tension one feels. [✓ d. all of the above] d. none of the above

3. Stress symptoms:
a. are physical. b. are psychological. c. are unique to each one of us
[✓ d. all of the above] e. none of the above

II. Fill in the blanks.

4. Four steps that can help you reduce stress in a home care setting are
(a.) [illegible] (c.) [illegible]
(b.) time management [illegible] (d.) [illegible]

5. Four common symptoms of stress in client care are
(a.) Time management (c.) depression
(b.) uncompleted tasks (d.) ~~[illegible]~~ unsatisfaction

6. The four categories of stressors are
(a.) (c.)
(b.) (d.)

7. Four reasons people use to put off doing things are
(a.) uncertainty (c.)
(b.) (d.)

8. Name one relaxation technique you can use in the home care setting:
Breathing

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UNIT: Care Planning and Goal Setting with Your Home Care Client
Module 2: Controlling Time to Complete the Care Plan
Learner Assessment

PRE ✓
POST ____

SS # 082-24-7191
Date: ____________________
Location: ____________________

CP03

Part A.

Directions: ***Write a (T) if the statement is true, an (F) if it is false.***

F 1. Spending time deciding on goals, objectives and priorities is just using time up.

T 2. Time can be controlled by looking at objectives and setting priorities.

F 3. People in home care don't really need to think about the way they spend their time.

F 4. Scheduling time only needs to be done by people who are very busy and important.

F 5. Home Health Aides can never complete all they have to do each day.

____ 6. Blocking time doesn't help most aides to see how they spend their time.

____ 7. Block time creates schedules.

T 8. Schedules for client care tell you how long activities take.

T 9. Schedules are based on the time people expect activities to take.

T 10. The way home health aides use time affects job satisfaction.

Part B.

Directions: ***Fill in the blanks.***

11. According to the module, three common time wasters on the job are:

(a.) ____________________

(b.) ____________________

(c.) ____________________

12. The steps for using a "To-Do" list are:

(a.) ____________________

(b.) ____________________

(c.) ____________________

(d.) ____________________

(e.) ____________________

(f.) ____________________

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Name Lora Cafaro

I. D. # 815

Organizing for Work

[✓ Pre] / Post

Date 9-14-96

CP2

Controlling Time to Complete the Care Plan

Answer all questions based on your home care knowledge and training.

I. Write a T if the statement is true, an F if it is false.

F 1. Spending time deciding on goals, objectives and priorities is just using time up.

T 2. Time can be controlled by looking at objectives and setting priorities.

F 3. People in home care don't really need to think about the way they spend their time.

F 4. Scheduling time only needs to be done by people who are very busy and important.

F 5. Home Health Aides can never complete all they have to do each day.

F 6. Blocking time doesn't help most aides to see how they spend their time.

T 7. Block time creates schedules.

F 8. Schedules for client care tell you how long activities take.

T 9. Schedules are based on the time people expect activities to take.

T 10. The way home health aides use time affects job satisfaction.

II. Fill in the blanks.

11. According to the module, three common time wasters on the job are:

(a.) tardiness

(b.) __________

(c.) __________

12. The steps for using a "To-Do" list are:

(a.) __________

(b.) __________

(c.) __________

(d.) __________

(e.) __________

(f.) __________

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The Seven Points of Customer Service

PLEASE COMPLETE PRIOR TO SESSION START

Today's Date: ______________________

Training Topic Title: _____Management Overview_____

Name of Your Affiliate: ___________________

Your Job Title:________________________

How Long You Have Worked for the Northeast Health System: __________

DIRECTIONS: *Please answer the question below* ***BEFORE*** *you begin this training:*

1. What do you expect to learn or review during this training:

____

____

____

____

____

____

____

(At the end of this training session, you will be given several minutes to answer the questions on the other side of this form.)

evalform/3/97

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The Eddy / Northeast Health / Rockefeller College
Workforce Development Program

New Directions in Customer Service

ID # ___________________

Job Title ________________

You and the Telephone

Questionnnaire - -February 6 1997

1. Were the scenarios realistic? Y ___ N ___
2. Did you *enjoy* the brief video scenarios? Y ___ N ___
3. Did you recognize negative behaviors of anyone you work with? Y ___ N ___
4. Did you recognize some of your own negative behaviors? Y ___ N ___
5. Were the learning points clear to you? Y ___ N ___
6. Was much of the information new to you? Y ___ N ___
7. Did the module make you **think** about the way *you* talk on the telephone? Y ___ N ___
8. Are you more aware now than you were before about the difficulties of communicating on the telephone? Y ___ N ___
9. Do you think the other staff in your facility should work on their telephone skills? Y ___ N ___
10. Should this have been longer to cover more information? Y ___ N ___
11. Did you learn new skills that you will use? Y ___ N ___
12. Do you think the handouts are useful? Y ___ N ___
13. Do you have any comments and/or suggestions? Y ___ N ___

    If so, please write here: ____

    ____

    ____

    ____

14. Would you be willing to promote this workshop / topic among others at your worksite? Y ___ N ___

G:\WORKSP\NWLP\NWLPFY93\CURRIC\TIER2\TelFocQs.SAM

Performance Plus Learning Consultants, Inc.
6 California Avenue, Charleston, WV 25311
(304) 343-6861 FAX (304) 342-4996

External Evaluation Data Collection Form for Structured Interview

---

Name of Interviewee: ______________________________

Position & Name of Facility: ______________________________

Date of Interview: ______________________________

Time: ______________________________

Begin by identifying yourself and your position with the National Workplace Literacy Demonstration Project. Explain that you are gathering information about program impact through interviews such as this one. Note that the interview may last as long as 15-20 minutes, then verify that this is a good time to meet with the interviewee.

Read the following questions verbatim. Maintain the same inflection and tone with each interview conducted. Pause after each question for approximately 20 seconds. If no answer is forthcoming or if the interviewee expresses non-comprehension of the question, re-read the question. If the interviewee provides an answer that is not a direct response to the question, read the probe questions that accompany the main question. Wait for a response. Record responses on this form, abbreviating as necessary to capture phrasing and gist of interviewee responses.

PLEASE NOTE: These questions are designed for gathering evaluation data from EDDY/Northeast Health personnel who supervise employees hired within the past year.

---

1. How would you rate the performance of new hires in the use of assignment sheets?
   (Probes: On what do you base your rating(s)? Please give me some examples.)

   [understanding assignment sheet-understanding abbreviations-reading/writing]

2. How do you know whether or not new hires are managing their assignments and time well?

(Probes: What happens if an employee doesn't prioritize her/his tasks? Pleas give me an example of how the staff you manage works as a team.

[managing assignment-ordering & prioritizing tasks-managing time-decision making-working in teams]

3. Of the new hires you supervise, what percentage of their observations are objective, rather than subjective?

(Probes: What kinds of things do new hires tend to report about the residents? How much of this information is factual, rather than feelings? How much of this information is important detail concerning changes in residents' condition?)

[knowing & understanding residents-objective/subjective observations-compare/contrast]

4. What types of things do you observe the new hires you supervise doing to handle potential job stress?

(Probes: What are some examples of things that cause stress for new hires here? If you could offer one piece of advice to new hires for handling job stress, what would you tell them to do?

[handling stress on the floor-predicting outcomes-cause/effect relationships]

5. Think about the various types of information that are communicated on the floor. Now think of the best new hire you supervise (no names, please). What are some examples of the ways in which this new hire communicates?

(Probes: What should new hires do to communicate well on the floor? What percentage of the new hires you supervise are "good communicators"?

[communicating effectively on the floor-formulating questions-clarifying information- identifying key ideas and details]

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VI. Asking Appropriate Questions

5	3	1
Asks to be shown or accompanied by supervisor on new tasks or if assignment is not understood.		Solicits consensus from group of co-workers if unsure on what to do, then selects what he/she wants to do from responses.
		Listens to grapevine for information; continues to perpetuate incorrect information.
		Never refers back to policy or asks questions as issues arise.

WORKSHOP EVALUATION FORM

Workforce Development Program for FY93
The Eddy/Rockefeller College

Title: ____________________

Date: ____________________

Participant Code (last 4 digits of SS#) ________

Instructions: Please use this form to rate the session you have just completed. Circle the number that most closely matches your view. It is important for us to know whether the instruction is meeting the needs of the participants. Your comments will make a valuable contribution to course improvement. Thank you.

1. The purpose and objectives of the session were clear.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. The content was appropriate to my needs and interests.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. Answer 3a if you are attending Learning Strategies. Answer 3b for all other workshops.

3a. The knowledge and skills gained from this session will help me in the rest of the 100-hour training.

3b. The knowledge and skills gained from this session will help me perform my job better.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

4. The overall quality of this session was excellent.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5. I anticipate being able to apply what I learned in this session to my job.

1	2	3	4	5
Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

OVER PLEASE COMPLETE ITEMS ON BACK **OVER**

Activity Report: May 1995
The Eddy/Rockefeller College Workforce Development Program
(National Workplace Literacy Program FY 93)

Date & Time	Location	Activity		Personnel Involved		In-Kind Contribution			Comments
		Type	Title	Rockefeller	The Eddy	Source	Unit	Amount	
5/1-5/31 /95	Eddy LTC Burdett Ave. Troy, NY					Space	1 mo.		Eddy maintained office space for Workplace Development Program
5/1/95 & 5/2/95	Rochester, NY	Dissemination	Annual Conference of the New York Association for Continuing and Community Education, Inc.	C.Katchmar M.Medina		None	None	None	Presented workshop to approximately 25 people on the value of workplace literacy partnership programs
5/3/95 8:30 AM	DayBreak Cohoes Campus Cohoes, NY	Program Information Session		CKatchmar MHall	D.Hamish-Shreyer (1) M.Pietrak(1)	Staff Time Space(Q)	2 hrs. (2x1) 1 hr.		Met to explore program needs and issues from senior management perspective
5/4/95 3:00 ~	Eddy Memorial Geriatric Center Burdett Ave. Troy, NY	Program Information Session	Eddy Memorial Geriatric Center Senior Management Information Session #2	C.Katchmar R.Greene M.Hall	T.Flynn(1) K.Morris(1) S.Pezze(1)	Staff Time Space (G)	7.5 hrs. (3x1.5)		Met to explore program needs and issues from senior management perspective
5/4/94 1:00 PM	Eddy Memorial Geriatric Center Burdett Ave. Troy, NY	Program Information Session	Eddy Memorial Geriatric Center Nurse Supervisor Information Session	C.Katchmar R.Greene	5 Nurse Supervisors	Staff Time Space(P) Staff Time Volunteer	5 hrs. (5x1) 1 hr.		
5/5/95 1 hr.	Eddy LTC Burdett Ave. Troy, NY	Presentation	Program Overview for The Eddy Personnel Board	C.Katchmar E.Monaco	B.McCandless(1) Personnel Board Members(1)	Staff Time Space (A)	10 hrs. (1x10) 1 hr.		Gave presentation to solicit support for the program, especially cost sharing

Date & Time	Location	Activity		Personnel Involved		In-Kind Contribution			Comments
		Type	Title	Rockefeller	The Eddy	Source	Unit	Amount	
5/8/95	Eddy Community Care,Colvin Ave. Albany, NY	Observation	HHA Training	M.Medina	M.McCaulay(2)	None	None	None	Staff observed ongoing HHA basic training
5/10/95	DayBreak	Program Information Session Rensselaer	DayBreak Senior Management Information Session #1	C.Katchmar M.Hall	D.Hanish-Shreyer (1) M. Pietrack(1) F.Kelley(1) D.Lloyd(1)	Staff Time Space (W)	6 hrs. (4x1.5) 1.5 hr.		Met to explore program needs and issues from senior management perspective
5/12/95	Eddy LTC Burdett Ave. Troy, NY	Meeting		C.Katchmar R.Greene M.Hall	B.McCandless(1)	Staff Time Space (E)	2.5 hrs 2.5 hrs		Met to discuss program progress and development
5/19/95	EMGC	Interview		M.Hall	S.Garrity(2)	Staff Time Space (G)	1 hr. 1 hr.		Met to discuss curriculum for learning strategies
5/23-24/95	Cohoes Campus Heritage House Eddy Memorial Geriatric Center Eddy LTC	Interviews with Senior Management		J.Philippi C.Katchmar	A.Cruickshank(1) C.Caivana(1) A.Pasinella(1) S.Streett(1) B.McCandless(1) S.Bohen(1) M.Pietrak(1) T.Flynn(1) K.Morris(1) P.Young(1)	Staff Time Space	10 hrs. (10x1) 1 hr.		To establish program expectations for evaluation

Date & Time	Location	Activity		Personnel Involved		In-Kind Contribution			Comments
		Type	Title	Rockefeller	The Eddy	Source	Unit	Amount	
5/23-24/95	Eddy Cohoes Campus	Focus Group		J.Philippi C.Katchmar	C.Caivana(1) S.Streett(1) A.Cruickshank(1) C.Arkins(3) A.Isabelle(3) V.Cummings(3) P.Palozzi(3) M.Pinchinat(3) C.Parker(3) L.Novak(3) M.Brennan(3) G.Vanderwood(3) F.Casabonne(3)	Staff Time Space (W)	13 hrs. (13x1) 1 hr.		To gather information to establish evaluation measures C.Caivana S.Streett A.Cruickshank Responsible for setting up activity
5/19/95	EMGC	Interview		M.Hall	S.Garrity(2)	Staff Time Space (G)	1 hr. 1 hr.		
5/23-24/95	Heritage House Tibbits Ave. Troy, NY	Focus Group		J.Philippi C.Katchmar	S.Bohen(1) M.Finch(3) S.Hurteau(3) Y.Huneau(3) P.Kelly(3) S.Shepherd(3)	Staff Time Space (L) Refreshments	6 hrs. (6x1) 1 hr.		To gather information to establish evaluation measures (Suzanne Bohen responsible for setting up activity)
5/23-24/95	Eddy Memorial GeriatricCenter Burdett Ave. Troy, NY	Focus Group		J.Philippi C.Katchmar	K.Morris(1) S.Pezze(1) S.Been(3) L.Magen(3) S.Garrity(2)	Staff Time Space (H)	5 hrs. (5x1) 1 hr.		To gather information to establish evaluation measures (Responsible for setting up activity)
5/25/95 10:00 - 12:00	Eddy LTC Burdett Ave.,Troy, NY	Video Vendors Bidders Conference		C.Katchmar M.Hall J.Bobeck J.Greene	B.McCandless(1)	Staff Time Space (A) Refreshments	2 hrs. 2 hrs.		B.McCandless(1) and P. Beaudoin set up meeting

Date & Time	Location	Activity		Personnel Involved		In-Kind Contribution			Comments
		Type	Title	Rockefeller	The Eddy	Source	Unit	Amount	
5/25/95	Eddy Memorial GeriatricCenter Burdett Ave Troy, NY	Orientation		MH		None	None	None	Attended EMGC staff orientation
5/31/95 2:00 PM	Eddy Cohoes Campus Board Room	Focus Group	Focus Group for Supervisors of CNAs at Eddy Cohoes Campus: Ford Nursing, Eddy Cohoes Rehab. Center, and DayBreak	R.Greene C.Katchmar	C.Caivana(1) S.Streett(1) M.Pietrak(1) P.Leitheusen(3) R.O'Brien(3) I.Cooper(3) M.Donato(3) C.Fleury(3) L.Wagoner(3) M.Pangamiban(3)	Staff Time Space (P) Refreshments	10 hrs (10x1) 1 hr.		C.Caivana, S.Streett, M. Pietrak did 1 hour admin. time each to set up the activity. To provide forum for supervisors to have input into program development; to conduct needs assessment
5/31/95	Eddy Cohoes	Training	Learning Strategies	M.Hall	S.Perdek(2) J.Sheridan(2) 6 NATs(4)	Staff Time Space	22 hrs. (7x3 +1) 3 hrs.		First pilot delivery of the Learning Strategies - Live! Very positive responses from NATs; no Eddy trainers observed entire delivery
5/31/95 9:00 PM	Eddy Cohoes Campus Board Room	Focus Group	Focus Group for Supervisors of CNAs at Eddy Cohoes Campus: Ford Nursing, Eddy Cohoes Rehab. Center, and DayBreak	R.Greene C.Katchmar	C.Caivana(1) S.Streett(1) J.Kalbfliesh(4) C.Spencer(4) S.Brzyski(4)	Staff Time Space (P) Refreshments	5 hrs. (5x1) 1 hr.		C.Caivana and S.Streett, did 1 hour admin time each to set up the activity. To provide forum for supervisors to have input into program development; to conduct needs assessment

Appendix C:
Sample US Department of Education Data Collection Instruments

EMPLOYER REPORT

01/08/96
Period:2

Employer:

Student's Name Course Title	Classes Attended	Classes Offered	Percent of Classes Attended	Completion Status
DuBrey, Gerald Learning Strategies-CNAs	0	3	0	-2
Paparella, Kristina Learning Strategies-HHAs	0	3	0	-2

EMPLOYER REPORT

01/08/96
Period:2

Employer: The Eddy

Student's Name Course Title	Classes Attended	Classes Offered	Percent of Classes Attended	Completion Status
Acker, Melody Learning Strategies-CNAs	0	3	0	-2
Anderson, Terri Learning Strategies-CNAs	0	3	0	-2
Andrews, Alison Learning Strategies-CNAs	0	3	0	-2
Angerami, Cathy Learning Strategies-HHAs	0	3	0	-2
Baker, Ellen Learning Strategies-CNAs	0	3	0	-2
Ballou, Roberta Learning Strategies-HHAs	0	3	0	-2
Bariteau, Lynn Learning Strategies-HHAs	0	3	0	-2
[illegible], Pooh Learning Strategies-CNAs	3	3	100	1
Bourassa, Pamela Learning Strategies-CNAs	0	3	0	-2
Brooks, Donna Learning Strategies-CNAs	3	3	100	1
Carroll, Denise Learning Strategies-CNAs	0	3	0	-2
Catalfamo, Melissa Learning Strategies-CNAs	0	3	0	-2
Cavanaugh, Susan Learning Strategies-HHAs	0	3	0	-2
Cerutti, Paula Learning Strategies-CNAs	0	3	0	-2
Chamberlin, Elizabeth Learning Strategies-CNAs	0	3	0	-2
Cooke, Rosemarie Learning Strategies-HHAs	0	3	0	-2
Craft, Peggy Learning Strategies-CNAs	0	3	0	-2
Danaher, Jeanette Learning Strategies-CNAs	0	3	0	-2
Decker, Clark Learning Strategies-CNAs	0	3	0	-2
Dodge, Mary Learning Strategies-CNAs	0	3	0	-2

[illegible]n, Deborah Learning Strategies-HHAs	0	3	0	-2
Dolen, Christie Learning Strategies-CNAs	3	3	100	1
Dunstan, Cynthia Learning Strategies-CNAs	0	3	0	-2
Elkhatib, Ann Marie Learning Strategies-CNAs	0	3	0	-2
Farruggio, Jennifer Learning Strategies-CNAs	0	3	0	-2
Fisher, Assaltana Learning Strategies-CNAs	3	3	100	1
Foster, Michelle Learning Strategies-CNAs	0	3	0	-2
Gilbert, Ann Learning Strategies-CNAs	0	3	0	-2
Hall, Rosalie Learning Strategies-CNAs	0	3	0	-2
Hartz, Jeannine Learning Strategies-CNAs	0	3	0	-2
Hiebel, Bonnie Learning Strategies-HHAs	0	3	0	-2
Hill, Carmella Learning Strategies-HHAs	0	3	0	-2
Jennings, Leslie Learning Strategies-CNAs	0	3	0	-2
[illegible]en, Tammie Learning Strategies-CNAs	0	3	0	-2
Kakande, Ruth Learning Strategies-HHAs	0	3	0	-2
King, Katherine Learning Strategies-CNAs	0	3	0	-2
Littlejohn, Kristin Learning Strategies-CNAs	0	3	0	-2
Marx, Andrea Learning Strategies-CNAs	0	3	0	-2
Matthews, Justin Learning Strategies-CNAs	0	3	0	-2
McNulty, Colleen Learning Strategies-CNAs	6	3	200	1
Miner, Tracie Learning Strategies-CNAs	0	3	0	-2
Morrissey, Krista Learning Strategies-CNAs	0	3	0	-2
Normile, Michelle Learning Strategies-CNAs	0	3	0	-2
Paparella, Michelle Learning Strategies-HHAs	0	3	0	-2
Pascarella, Leonor Learning Strategies-CNAs	0	3	0	-2
Roberts, Melissa Learning Strategies-HHAs	0	3	0	-2

binson, Susan Learning Strategies-CNAs	0	3	0	-2
Rockower, Amy Learning Strategies-CNAs	0	3	0	-2
Sandra, Hebert Learning Strategies-CNAs	3	3	100	1
Sawyer, Melissa Learning Strategies-CNAs	0	3	0	-2
Schoonmaker, Jennifer Learning Strategies-CNAs	0	3	0	-2
Schultz, Jennifer Learning Strategies-CNAs	0	3	0	-2
Searles, Barbar Learning Strategies-CNAs	0	3	0	-2
Silva, Myrna Learning Strategies-CNAs	0	3	0	-2
Slater, Lisa Learning Strategies-CNAs	0	3	0	-2
Stocklas, Debra Learning Strategies-HHAs	0	3	0	-2
Tucker, Asia Learning Strategies-HHAs	0	3	0	-2
VanBrocklen-Hunt, Carrie Learning Strategies-CNAs	0	3	0	-2
Vautrin, Jennifer Learning Strategies-CNAs	0	3	0	-2
ters, Stacie Learning Strategies-CNAs	0	3	0	-2
Wheeler, Sarah Learning Strategies-CNAs	0	3	0	-2
Wheeler, Sarah Learning Strategies-CNAs	0	3	0	-2
Wiley, Rose Learning Strategies-CNAs	0	3	0	-2
Williams, Karri Learning Strategies-CNAs	0	3	0	-2

RECORD REPORT

[illegible]ort Date: 02-29-1996
[illegible]ort Time: 16:57:04
Database: Course Form
Record #: 2

#	Description	Value
1	Course number	AS02
2	Name of course	What Your Assignment Shee
3a	Instructor's name	Medina, Muriel
3b	Instructor #2's name	Katchmar, Christine
4a	Date course starts	01-12-1996
4b	Date course ends	01-12-1996
5	Number of sessions	2
6	Hrs per instructional session	2
7	Days per week of course	2
8	Min. req. attendance in hrs.	2
9a	Prerequisites for course	01
9b	Pre-req course ID	LS07
10a	During wkday	.True.
10b	Class during lunch	.False.
10c	Class after or before work	.False.
10d	Class on weekends	.False.
10e1	Class held at other time	.False.
10e2	When that other time is	
11a1	Class at worksite	.True.
[illegible]a2	Name of worksite	Eddy-Heritage House
11b1	Class at community college	.False.
11b2	Name of community college	
11c1	Class at 4 year college	.False.
11c2	Name of 4 year college	
11d1	Class at union hall	.False.
11d2	Name of union hall	
11e1	Class at school dist building	.False.
11e2	Name of school district	
11f1	Class at community organiz.	.False.
11f2	Name of organization	
11g1	Class at other place	.False.
11g2	Name of other place	
12a	When learners can join	03
12b	Can join until this # class	-2
13	Course serves particular skill	01
14	Course serves basic skill	01
15	Skill lev. of lrners in course	02
16a	Use of teamwork skills	03
16b	Teacher-led classroom	02
16c	Computer-assisted learning	01
16d	Self-paced learning time	01
16e	Use of audio-visual aids	03
16f	Displays used from workplace	04

[illegible]ort Date: 02-29-1996
[illegible]ort Time: 16:57:04
Database: Course Form
Record #: 2

#	Description	Value
16g1	Use of other instr. methods	02
16g2	Other instr. methods	Individual Skill Building
17a	Primary emphasis of course	99
17b	Other primary emphasis	Workplace vocabulary & abbreviations.
18a	Only reading skills taught	.True.
18b	Only math skills taught	.False.
18c	Reading and math skills taught	.False.
18d	Writing skills taught	.True.
18e	Problem solving skills taught	.False.
18f	Motivational skills taught	.True.
18g	Communication skills taught	.True.
18h	Teamwork skills taught	.True.
18i1	Other skills taught	.False.
18i2	Name of other skills	
19a	Uniqueness of curriculum	01
19b	Other devel of curriculum	
20a1	CASAS mth/reading test as pl.	.False.
[illegible]a2	CASAS math/reading as pre	.False.
[illegible]a3	CASAS mth/rding test as post	.False.
20b1	CASAS/ECS test as placement	.False.
20b2	CASAS/ECS test as pre-test	.False.
20b3	CASAS/ECS test as post-test	.False.
20c1	CASAS/listening as placement	.False.
20c2	CASAS/Listening as pre-test	.False.
20c3	CASAS/Listening as post-test	.False.
20d1	TABE as placement	.False.
20d2	TABE as pre-test	.False.
20d3	TABE as post-test	.False.
20e1	ABLE as placement	.False.
20e2	ABLE as pre-test	.False.
20e3	ABLE as post-test	.False.
20f1	TALS/ETS as placement	.False.
20f2	TALS/ETS as pre-test	.False.
20f3	TALS/ETS as post-test	.False.
20g1	BEST as placement	.False.
20g2	BEST as pre-test	.False.
20g3	BEST as post-test	.False.
20h1	BINL as placement	.False.
20h2	BINL as pre-test	.False.
20h3	BINL as post-test	.False.
20i1	Supervisor ratings as pl.	.False.
20i2	Supervisor ratings as pre	.False.

RECORD REPORT (Con't)

[illegible]port Date: 02-29-1996
[illegible]ort Time: 16:57:04
Database: Course Form
Record #: 2

#	Description	Value
20i3	Supervisor ratings as post	.False.
20j1	Group interviews as pl.	.False.
20j2	Group interviews as pre	.False.
20j3	Group interviews as post	.False.
20k1	One-on-one interviews as pl.	.False.
20k2	1-on-1 interviews as pre	.False.
20k3	1-on-1 interviews as post	.False.
20l1	Learner work samples as pl.	.False.
20l2	Learner work samples as pre	.False.
20l3	Learner work samples as post	.False.
20m1	Att/self-esteem inv. as pl	.False.
20m2	Att/self-esteem inv. as pre	.False.
20m3	Att/self-esteem inv as post	.False.
20n1	Job skill comp. test as pl.	.False.
20n2	Job skill comp.test as pre	.False.
20n3	Job skill comp. test as post	.False.
20o1	Portfolio assessment as pl.	.False.
20o2	Portfolio assessment as pre	.False.
20o3	Portfolio assess. as post	.False.
[illegible]1	Individual educ. plan as pl.	.False.
[illegible]p2	Individual educ.plan as pre	.False.
20p3	Individual educ. plan as post	.False.
20q1	Other placement	.False.
20q2	Other pre-test	.False.
20q3	Other post-test	.False.
20r	Name of other assessment	
21a	Other assessments of growth	01
21b	List of other assessments	Self assessment. Peer assessment.

Page 3 of 3

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OMB No.: 1875-0105
Expires: Nov. 30, 1997

LEARNER ASSESSMENT FORM

The United States Department of Education is concerned with protecting the privacy of individuals who participate in voluntary surveys. Your responses will be combined with those of other survey participants, and the answers you give will never be identified as yours. This survey is authorized by law (20 U.S.C. 1221e.1). You may skip questions you do not want to answer, however, we hope you will answer as many as you can. It is expected that this form will require approximately 10 minutes to complete. If you have any comments regarding the burden estimates or any other aspect of this collection of information, including suggestions for reducing the burden, please send them to the U.S. Department of Education, Information Management and Compliance Division, Washington, DC 20202-4651; and to the Office of Management and Budget, Paperwork Reduction Project 1875-NEW, Washington, DC 20503.

BEGIN HERE →

**YOUR INSTRUCTOR
WILL COMPLETE
THESE QUESTIONS**

A. **Course Number:** ____________ **Course Name:** ____________________

B. **Who completed this form?**

(MARK ONE BOX)

☐ The learner

☐ The learner, with assistance from instructor or project staff

☐ An instructor or project staff member with information provided by the learner

☐ Other (*Please Specify:* ____________________)

C. **Date Form Completed:**

|__|__| |__|__| 19 |__|__|
Month Day Year

LEARNER ASSESSMENT FORM

1. **Name:**

______________________________ (Last)   ______________________________ (First)

2. **Social Security Number:***

|__|__|__|-|__|__|-|__|__|__|__|

3. **In the future, do you plan to take any of the following courses?**

(MARK ONE ON EACH LINE)

	Plan to Take	Do Not Plan to Take
A basic skills course in reading, writing, or math	☐	☐
A course in using English (such as ESL)	☐	☐
A computer course	☐	☐
A GED course or the GED exam	☐	☐
Courses to get an occupational certificate	☐	☐
A job training course	☐	☐
Courses leading to a 2-year or 4-year college degree	☐	☐
A home-study course	☐	☐

---

* Giving us your Social Security number is completely voluntary and there is no penalty for not disclosing it. It is needed so that any information obtained later gets correctly matched with the same individual; your identity will be removed from all records once this match is made. We are authorized to ask these questions by Section 406 of the General Education Provisions Act (20 USC 1221e.1).

4. **Since this course began, have you:**

(MARK ONE ON EACH LINE)

	Yes	No
Learned what you wanted to learn in this course?	☐	☐
Changed your educational or career goals?	☐	☐
Had more responsibility added to your job?	☐	☐
Moved to a shift you prefer?	☐	☐
Switched from part-time to full-time?	☐	☐
Received a pay raise?	☐	☐
Been promoted?	☐	☐
Received an award, bonus, or other special recognition on your job?	☐	☐
Received your GED?	☐	☐
Applied for a new job?	☐	☐
Started a new job at another company?	☐	☐
Been laid off?	☐	☐
Left your job for any other reason? (*Please Specify:* ______)	☐	☐

5. **Please rate your ability to perform each of the following activities:**

(PLEASE MARK ONE RESPONSE FOR EVERY ACTIVITY)

	Poor	Fair	Good	Excellent
Read English	☐	☐	☐	☐
Understand English	☐	☐	☐	☐
Speak English	☐	☐	☐	☐
Write in English	☐	☐	☐	☐
Work as part of a team	☐	☐	☐	☐
Use math	☐	☐	☐	☐
Solve problems/use reasoning	☐	☐	☐	☐

OMB No.: 1875-0105
Expires: Nov. 30, 1997

LEARNER ENROLLMENT FORM

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BEGIN HERE ⟶

YOUR INSTRUCTOR
WILL COMPLETE
THESE QUESTIONS

A. **Course Number:** ______________ **Course Name:** ______________________

B. **Who completed this form?**

(MARK ONE BOX)

- ☐ The learner
- ☐ The learner, with assistance from instructor or project staff
- ☐ An instructor or project staff member with information provided by the learner
- ☐ Other (*Please Specify:* ______________________)

C. **Date Form Completed:**

|__|__| |__|__| 19 |__|__|
Month Day Year

LEARNER ENROLLMENT FORM

1. **Name:**

_______________ (Last)

_______________ (First)

2. **Social Security Number:***

|__|__|__|-|__|__|-|__|__|__|__|

3. **Age:**

|___|___| years old

4. **Were you born in the United States?**

☐ Yes

☐ No

5. **Sex:**

☐ Male

☐ Female

6. **Are you of Spanish or Hispanic origin or descent?**

☐ Yes

☐ No

7. **Race:**

(MARK ONE BOX)

☐ White

☐ Black (African American)

☐ Asian or Pacific Islander

☐ American Indian or Alaskan Native

☐ Other (*Please Specify:*

_______________________________)

- * Giving us your Social Security number is completely voluntary and there is no penalty for not disclosing it. It is needed so that any information obtained later gets correctly matched with the same individual; your identity will be removed from all records once this match is made. We are authorized to ask these questions by Section 406 of the General Education Provisions Act (20 USC 1221e-1).

8. **Is English the language that is spoken most often in your home?**

☐ Yes

☐ No

9. **How many years of school have you completed?**

(MARK ONE BOX IN BOTH COLUMNS)

In the United States:	In Any Other Country:
☐ No schooling	☐ No schooling
☐ 1-5 years	☐ 1-5 years
☐ 6-8 years	☐ 6-8 years
☐ 9 years	☐ 9 years
☐ 10 years	☐ 10 years
☐ 11 years	☐ 11 years
☐ 12 or more years	☐ 12 or more years

10. **Are you a union member?**

☐ Yes → **What is the name of your union?** ______________________

☐ No

11. Please rate your ability to perform each of the following activities.

(PLEASE MARK ONE RESPONSE FOR EVERY ACTIVITY)

	Poor	Fair	Good	Excellent
Read English	☐	☐	☐	☐
Understand English	☐	☐	☐	☐
Speak English	☐	☐	☐	☐
Write in English	☐	☐	☐	☐
Work as part of a team	☐	☐	☐	☐
Use math	☐	☐	☐	☐
Solve problems/use reasoning	☐	☐	☐	☐

12. Do you have a job?

☐ Yes, employed
☐ Yes, on temporary layoff
→ **GO TO NEXT PAGE**

☐ No, retired
☐ No, not employed
→ **STOP** **Thank you. You have completed this form. Please return it to your instructor.**

INSTRUCTIONS:

Please answer questions 13-19 for the job that allows you to take this course.

13. **Name of company or employer:**

____

|___|___|___|___|
(For project use only)

14. **Job title:** [For example, nursing assistant, housekeeper, construction worker.]

____

15. **On average, how many hours per week do you work on this job?**

|___|___| Hours Per Week

16. **How much do you earn at this job?**

(WRITE AMOUNT AND MARK ONE BOX)

$ ________________

☐ Per hour

☐ Per year

17. Do you get any of the following at this job?

(MARK ONE FOR EACH LINE)

	Yes	No
Paid vacation	☐	☐
Paid sick leave	☐	☐
Paid holidays	☐	☐
Health insurance	☐	☐

18. How long have you worked at this job?

|___|___| Years **and** |___|___| Months

19. At your job do you need to do any of the following?

(MARK ONE FOR EACH LINE)

	Yes	No
Read instructions	☐	☐
Receive spoken instructions in English	☐	☐
Speak English	☐	☐
Work as part of a team	☐	☐
Write in English	☐	☐
Use math	☐	☐
Solve problems/use reasoning	☐	☐

20. Do you work at more than one job?

☐ Yes

☐ No

Thank you. You have completed this form. Please return it to your instructor.

OMB No.: 1875-0105
Expires: Nov. 30, 1997

COURSE FORM

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COURSE FORM

1. **Course Number:** ________________

2. **Course Name:** ____

3. **Instructor(s) Name:**

(1) ______________________ (Last) ____________ (First)

(2) ______________________ (Last) ____________ (First)

4. **Date Course Starts:**

|__|__| |__|__| 19 |__|__|
Month Day Year

5. **Number of instructional sessions for the course:**

|__|__| Number

6. **Hours per instructional session: (If the sessions vary in length, please enter the average number of hours the course meets for each session.)**

|__|__| Hours

7. **Number of days per week that the course usually meets:**

|__|__| Number of Days

8. **What is the minimum number of hours that learners must attend this course in order to complete it?**

|__|__| Hours

9. a. **Is there another course that learners must have completed before participating in this course?**

01 ☐ Yes

00 ☐ No → **GO TO Q.10**

b. **Please give the name and the number of that course.**

Course Number: ________________

Course Name: ______________________

10. **When are instructional sessions usually held?**

(MARK ALL THAT APPLY)

01 ☐ During the workday (but not at lunch)

02 ☐ At lunch

03 ☐ Immediately before or after the workday

04 ☐ On weekends

05 ☐ Other (*Please Specify:*

____

11. **Where are instructional sessions held?** ***(Please mark all that apply and provide the name(s).)***

01 ☐ Employer's worksite

Name of Employer: ________________

02 ☐ Community college

Name of College: ________________

03 ☐ Four-year college

Name of College: ________________

04 ☐ Union hall

Name of Union: ________________

05 ☐ Building in a local school district (for example, high school, activities building, administrative building)

Name of School District: ____________

06 ☐ Community-based organization

Name of Organization: ____________

07 ☐ Other (*Please Specify*:

________________________________)

12. **Which statement best describes when learners can begin attending the course?**

(MARK ONLY ONE)

01 ☐ Learners can join the course at any time

02 ☐ Learners can only join the course within the first few instructional sessions

(Specify the Number of Sessions: |__|__|*)*

03 ☐ Learners cannot join the course after the first instructional session

13. **Does this course serve learners with a particular occupational or job skill classification?**

01 ☐ Yes

00 ☐ No

14. **Does this course serve learners with a particular basic skill level classification?**

01 ☐ Yes

00 ☐ No → **GO TO Q.16**

15. **Which of the following terms best describes the skill level of the learners in this course?**

(MARK ONLY ONE)

01 ☐ Beginning (that is, the learners have little or no knowledge of the course subject area)

02 ☐ Intermediate (that is, the learners have some knowledge of the course subject area, but it is limited)

03 ☐ Advanced (that is, the learners have a significant amount of knowledge of the course subject area)

400

16. **Please indicate how frequently each of the following instructional methods is used in this course.**

(MARK ONE ON EACH LINE)

	Never	Sometimes	Frequently	Always
a. Team-learning/small group exercise or activity/role playing	01 ☐	02 ☐	03 ☐	04 ☐
b. Teacher-led classroom	01 ☐	02 ☐	03 ☐	04 ☐
c. Computer-assisted learning	01 ☐	02 ☐	03 ☐	04 ☐
d. Individualized/self-paced learning time	01 ☐	02 ☐	03 ☐	04 ☐
e. Audio or visual instructional aids	01 ☐	02 ☐	03 ☐	04 ☐
f. Documents/displays taken from the workplace	01 ☐	02 ☐	03 ☐	04 ☐
g. Other (*Please Specify:* ______________________)	01 ☐	02 ☐	03 ☐	04 ☐

17. **Which of the following curricular areas is the primary or overall emphasis of this course?**

(MARK ONLY ONE)

01 ☐ Literacy/pre-literacy

02 ☐ Basic skills (reading only)

03 ☐ Basic skills (math only)

04 ☐ Basic skills (reading and math)

05 ☐ Writing skills

06 ☐ ESL

07 ☐ GED preparation/other high school preparation

08 ☐ Problem solving/reasoning skills

09 ☐ Motivational (self-esteem, goal setting)

10 ☐ Speaking/listening/communication

11 ☐ Team building

12 ☐ Other (*Please Specify:*

____)

18. Which of the following skills are taught in this course?

(MARK ALL THAT APPLY)

01 ☐ Basic skills (reading only)

02 ☐ Basic skills (math only)

03 ☐ Basic skills (reading and math)

04 ☐ Writing skills

05 ☐ Problem solving/reasoning skills

06 ☐ Motivational skills (self-esteem, goal setting)

07 ☐ Speaking/listening/communication skills

08 ☐ Team building skills

09 ☐ Other skills (*Please Specify:*

____)

19. Was the curriculum for this course uniquely developed for the course?

(MARK ONLY ONE)

01 ☐ Yes

02 ☐ No, a curriculum that was uniquely developed
for this project is used with modifications

03 ☐ No, a general curriculum or standard text is
used with modifications

04 ☐ No, a general curriculum or standard text is
used with no modifications

05 ☐ Other (*Please Explain:* ____

____

____)

20. **Please indicate which, if any, of the following tests or assessment measures are used to place learners i[illegible] this course, as a pre-test for learners in this course, or for the post-test.**

(MARK ALL THAT APPLY)

		Used for Placement	Used for Pre-Test	Used for Post-Test
a.	CASAS Math/Reading	01 ☐	02 ☐	03 ☐
b.	CASAS/ECS	01 ☐	02 ☐	03 ☐
c.	CASAS/Listening	01 ☐	02 ☐	03 ☐
d.	TABE	01 ☐	02 ☐	03 ☐
e.	ABLE	01 ☐	02 ☐	03 ☐
f.	TALS/ETS	01 ☐	02 ☐	03 ☐
g.	BEST	01 ☐	02 ☐	03 ☐
h.	BINL	01 ☐	02 ☐	03 ☐
i.	Supervisor ratings	01 ☐	02 ☐	03 ☐
j.	Group interviews	01 ☐	02 ☐	03 ☐
k.	One-on-one interviews	01 ☐	02 ☐	03 ☐
l.	Learner work examples	01 ☐	02 ☐	03 ☐
m.	Attitude or self-esteem inventory	01 ☐	02 ☐	03 ☐
n.	Customized, job-related skill competency test	01 ☐	02 ☐	03 ☐
o	Portfolio assessment	01 ☐	02 ☐	03 ☐
p.	Individual learning or educational plan	01 ☐	02 ☐	03 ☐
q.	Other (*Please Specify:* ______________________________)	01 ☐	02 ☐	03 ☐

21. a. In addition to the assessment measures specified above, are any other instruments or approaches used to assess learners' growth in this course?

01 ☐ Yes

00 ☐ No

b. Please list those instruments or approaches below.

OMB No. 1875-0105
Expires: Nov 30 1997

OUTCOMES FORM

1 Course Number |___|___|___|___|

2 Course Name ______________________

3 Instructor's Name
______________________ (Last) ______________________ (First)

4 Name of Test or Assessment Measure ______________________

5 Date Pre-Test Administered |___|___| / |___|___| / 19|___|___| (Month / Day / Year)

6 Date Post-Test Administered |___|___| / |___|___| / 19|___|___| (Month / Day / Year)

7 Is this assessment measure

(MARK ONLY ONE)

- 01 ☐ A nationally-available standardized test?
- 02 ☐ A customized test?
- 03 ☐ A job-specific skill competancy rating?
- 04 ☐ A monitored group or one-on-one interview?
- 05 ☐ Other (*Please Specify* ______________________)

NAME OF LEARNER	PRE-TEST				POST-TEST				IN THIS COURSE, WOULD YOU SAY THIS LEARNER PERFORMED: (MARK ONLY ONE)	COMMENTS
	FORM	LEVEL	PART	SCORE	FORM	LEVEL	PART	SCORE		
	|__|__|	|__|__|	1 |__|__| 2 |__|__| 3 |__|__| 4 |__|__| 5 |__|__| 6 |__|__| 7 |__|__| 8 |__|__|	|__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__|	|__|__|	|__|__|	1 |__|__| 2 |__|__| 3 |__|__| 4 |__|__| 5 |__|__| 6 |__|__| 7 |__|__| 8 |__|__|	|__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__|	01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	
	|__|__|	|__|__|	1 |__|__| 2 |__|__| 3 |__|__| 4 |__|__| 5 |__|__| 6 |__|__| 7 |__|__| 8 |__|__|	|__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__|	|__|__|	|__|__|	1 |__|__| 2 |__|__| 3 |__|__| 4 |__|__| 5 |__|__| 6 |__|__| 7 |__|__| 8 |__|__|	|__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__| |__|__|__|	01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	

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NAME OF LEARNER	PRE-TEST				POST-TEST				IN THIS COURSE, WOULD YOU SAY THIS LEARNER PERFORMED (MARK ONE ONLY)	COMMENTS
	FORM	LEVEL	PART	SCORE	FORM	LEVEL	PART	SCORE		
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	

NAME OF LEARNER	PRE-TEST				POST-TEST				IN THIS COURSE, WOULD YOU SAY THIS LEARNER PERFORMED (MARK ONE ONLY)	COMMENTS
	FORM	LEVEL	PART	SCORE	FORM	LEVEL	PART	SCORE		
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	

Name of Learner	Pre-Test				Post-Test				In this course, would you say this learner performed (mark only one)	Comments
	Form	Level	Part	Score	Form	Level	Part	Score		
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	
			1 2 3 4 5 6 7 8				1 2 3 4 5 6 7 8		01 ☐ Above a satisfactory level? 02 ☐ At a satisfactory level? 03 ☐ Below a satisfactory level?	